CITY OF COVENTRY

THE HEALTH SERVICES OF COVENTRY IN 1965

BEING THE

ANNUAL REPORT

BY THE MEDICAL OFFICER OF HEALTH

T. MORRISON CLAYTON
M.D., B.S., B.Hy., D.P.H.

1074

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PLAY AREA, NEW TILE HILL DAY NURSERY

HEALTH COMMITTEE

(As at 31st December, 1965)

Chairman — Alderman Mrs. E. JONES

Vice-Chairman — Councillor R. LOOSLEY

The Lord Mayor (Alderman W. PARFITT)

Deputy Mayor (Alderman E. M. ROGERS)

Alderman Mrs. E. ALLEN

Alderman W. CALLOW

Councillor W. BRANDISH

Councillor W. McKERNAN

Councillor R. A. BRADBURY

Councillor Mrs. I. BURBIDGE

Councillor H. SALT

Councillor D. H. EDWARDS
(Nominated by Education Committee)

Dr. J. BALLANTINE (nominated by the Coventry Branch of the British Medical Association) .. ..

Mr. S. SMITH (nominated by No. 20 Group Hospital Management Committee. .. ..

Mr. J. LEVER (nominated by the Coventry Executive Council) ..

} Co-opted for Purpose of National Health Service Act Functions.

STAFF OF THE HEALTH DEPARTMENT

Medical Officer of Health, Principal School Medical Officer, Medical Advisor to the Welfare Committee and to Children's Committee:

T. Morrison Clayton, M.D., B.S., B.Hy., D.P.H.

Deputy Medical Officer of Health, Deputy Principal School Medical Officer:

G. T. Pollock, M.B., Ch.B., D.P.H.

Senior Medical Officer for Maternity and Child Welfare:

Janet Margaret Done, M.D., B.S., D.P.H., D.R.C.O.G.

Senior School Medical Officer:

M. Margaret E. Gaffney, M.B., B.C.L., B.A.O., L.M., D.P.H., D.C.H.

Departmental Medical Officers:

Doreen J. Butts, M.B., Ch.B., M.R.C.S., L.R.C.P. (Resigned April, 1965)
B. J. Cooper, B.A., M.B., Ch.B., M.R.C.S., L.R.C.P., D.R.C.O.G., D.C.H., D.P.H.
Marion Hommers, M.B., Ch.B.
Mary A. H. Lawson, M.B., Ch.B., B.A.O., D.P.H.
S. P. J. Louis, M.B., Ch.B. (Resigned September, 1965)
E. B. Phillips, B.Sc., M.B., B.Ch.
J. M. B. Porter, L.R.C.P., L.R.C.S., L.R.F.P.S.
Z. Stelmach, M.B., B.Ch., (Part-time)
O. Troughton, M.B., Ch.B., D.C.H. (Resigned August, 1965)
Evelyn M. Wilkins, M.B., Ch.B.
Mary Brennan, M.B., Ch.B., D.C.H. (Commenced September, 1965)
Mary D. Daly, M.B., B.S., M.R.C.P., L.R.C.P. (Part-time)
Mary F. Keefe, M.B., Ch.B.

Health Visiting:

Superintendent: Miss K. N. Davies, S.R.N., C.M.B. (Part 1) H.V.Cert.
Deputy Superintendent: Miss K. L. Houlton, S.R.N., S.C.M., H.V.Cert.

Health Visitors (including 4 part-time)	54
State Registered Nurses (for Tuberculosis, Clinic and School work) (including 5 part-time)	29
Student Health Visitors	3
Occupational Therapists	1

Health Education Officer: Miss P. G. Hodges, S.R.N., S.C.M., H.V.Cert., H.V.Tutor Cert., Dip. Health Education (Resigned December, 1965)

Municipal Midwifery Service:

Non Medical Supervisor: Mrs. E. E. Woodley S.R.N., S.C.M.
Deputy Non Medical Supervisor: Mrs. B. Fell,S.R.N. S.C.M.
Midwives 50

District Nursing Service:

Superintendent: Mrs. M. C. Brady, S.R.N., S.C.M., Q.N.
Assistant Superintendents: Miss M. Wilkinson, S.R.N., S.C.M., Q.N., H.V.Cert.; Miss B. Sharkey, S.R.N., S.C.M., Q.N.; Miss J. Gettrick, S.R.N., B.T.A., Q.N.
District Nurses (including 3 male—full time) 36
Part-time 19
Domestics 7

Day Nurseries:

Supervisor: Mrs. M. E. Williams, S.R.N.
Matrons: Miss M. Allen, Miss G. Carwell-Hill, Mrs. E. M. Butcher, Mrs. G. Crichton, Miss D. M. Griffiths, Miss I. Lines, Mrs. O. Lapworth, Miss M. Sutcliffe, Mrs. Wagstaffe
Nursery Staffs: Wardens 5; Nursery Nurses 46; Nursery Assistants 15; Students 39.

Mental Health Service:

Principal Mental Health Officer: Mr. E. J. McCoy, A.A.P.S.W.
Senior Mental Welfare Officers 7
Mental Welfare Officers 9

Junior Training Centre, Burns Road:

Supervisor: Mrs. M. Darnell
Senior Assistant Supervisor: Mrs. M. C. Johnson
Assistant Supervisors and other staff 9

Senior Training Centre, Torrington Avenue:

Supervisor: Mr. W. Lewis
Deputy Supervisor: Mrs. H. Cook
Assistant Supervisors and other staff 21

Special Care Unit:

Supervisor: Mrs. I. Cotterill (Resigned October, 1965)
Supervisor: Mrs. M. Brand (Appointed 3.11.65)
Other Staff 3

Torrington House Hostel:

Warden: Mr. D. Bain
Matron and Deputy Warden: Mrs. R. Powell
Assistant Wardens: Mr. M. Bond, Mr. J. E. Unwin, Miss E. Daran, Miss E. M. Long
Other Staff 12

Torrington House Sheltered Workshops:

Manager: Mr. R. Stanley
Craft Instructors 5

Ambulance Service:

Superintendent: T. A. Atherton, B.E.M.
Deputy Superintendent: H. Petherham
Central Officer: R. J. Norton
Ambulance Personnel 97

Health Centre:

Nursing Staff 3
Receptionists 3

Aministrative and Clerical:

Principal Adminstrative Assistant: .. .. F. Ellis
Deputy Principal Adminstrative Assistant:
N. Collins, A.C.C.S. (Resigned March, 1965)
G. Hubbard, A.I.O.M., A.R.S.H.
Adminstrative Assistant (Health Service Division):
Miss E. Stephen
Administrative Assistant (Mental Health):
Miss B. Sanders, A.I.O.M.
M.O.H. Personal Secretary: .. Mrs. V. Stranks, A.S.C.T.

Section Officers:

Finance .. .. .. Mrs. C. Huckvale, D.M.A.
Infectious Diseases, Vaccination and Immunisation Mrs. M. Steele (Resigned October, 1965)
Mrs. S. Williamson (Appointed November, 1965)
Salaries, General Office and Enquiries .. Mr. H. Jewison
School Health, Maternity and Child Welfare Mrs. M. Gamble
Typing Pool .. .. .. Miss M. E. Goddard
Clerical Staff 34
Store Keeper, Cleaners, Clinic Assistants 56

GENERAL STATISTICS

1965

Area in acres	20,165
Population (Census 1961)	305,060
Population (Estimate 1965)	327,120
Density of Population per acre (1951)	13·47
Density of Population per acre (1965)	16·22
Estimated number of inhabited dwellings, December, 1965	100,400
Average number of persons to each occupied house	3·24
Rateable value of City (December 1965)	£13,288,349
Sum represented by penny rate (estimated 1965-1966)	£54,097

Live Births—

	Males	*Females*	*Total*	
(legitimate)	3,064	3,056	6,120	
(illegitimate)	260	243	503	
	3,324	3,299	6,623	= birth rate per 1,000 population 20·25.
Stillbirths	62	71	133	= rate per 1,000 births 18·05.
Deaths	1,696	1,283	2,979	= 9·1 per 1,000 population.

Total maternal deaths	Nil
Maternal mortality rate	—

Death rate of infants under one year:—

(a) All infants per 1,000 live births	22·3
(b) Legitimate infants per 1,000 live births	21·7
(c) Illegitimate infants per 1,000 live births	29·8

Neo-natal mortality rate (first four weeks) = 17·36 per 1,000 related live births.

Early neo-natal mortality rate (first week) = 14·9 per 1,000 related live births.

Peri-natal mortality rate (stillbirths and deaths during first week) = 34·3 per 1,000 total live and stillbirths.

Marriage rate	16·9
*Death rate from principal infectious diseases	0·003
Respiratory death rate	0·19
Pulmonary tuberculosis death rate	0·03
Death rate from other forms of tuberculosis	0·003
Death rate from cancer	1·8
Comparability factor (births)	0·95
Birth rate as adjusted by factor	19·2
Comparability factor (deaths)	1·37
Death rate adjusted by factor	12·47

*Whooping Cough, Diphtheria, Measles, Acute Poliomyelitis, Meningococcal Infections.

MY LORD MAYOR, LADIES AND GENTLEMEN,

This is my 19th Annual Report which relates to the health of the Coventry Community during 1965, and as in previous years, the content of this document will deal with the various personal and environmental health services and related matters for which the City Council has responsibility.

I propose to follow a similar pattern to that in preceding reports by commenting firstly upon vital health statistics in local context and by comparing them with those for England and Wales where this is appropriate. Secondly, to take heed of the Ministry of Health requirements as set out in Circular 1/66 and thirdly to highlight certain factors which have had particular interest or made impact during the year under review.

The Registrar General's Mid-Year Estimate of the City's population was 327,120 and this demonstrates, yet again, a considerable increase of some 11,450 persons over that for 1964 (315,670). It is necessary to point out, however, that this increase was largely due to the inclusion within the City boundaries of 998 acres from the Warwickshire County Council area following upon the Survey of the Boundary Commission.

The estimated number of inhabited dwellings was elevated from 95,800 in 1964 to 100,400 in 1965, this also being largely due to the boundary changes. The density of poulation was at 16·22 per acre as compared with 16·48 in 1964, and here again the slight decrease had relation to the inclusion of the less densely populated area from the County as indicated above.

The birth-rate was at 20·25 per 1,000 population, which compares with 20·1 for the previous year, while the still-birth rate was elevated from 16·19/1,000 in 1964 to 18·05 in 1965. The number of illegitimate births had increased a little from 485 in 1964 to 503 in 1965 but this latter figure was below that for 1963, (526).

The crude death rate for 1965, was at 9·1/1,000 population as compared with 8·9/1,000 in 1964. There was no maternal deaths notified, this being the 4th successive year in which this fortunate circumstance has happened.

The infantile mortality rate was at 22·3/1,000 live births as compared with 20·5/1,000 in 1964, denoting thereby an increase of 1·8/1,000. The neonatal mortality rate at 17·36/1,000 live births compares with 14·4/1,000 in 1964. The perinatal mortality rate (i.e., during the first week of life) was at 34·3/1,000 live births and demonstrates a decided increase from that prevailing in 1964 at 29·23/1,000.

Concerning the incidence of infectious diseases, measles with 3,847 cases notified in 1965, was at a higher level than in 1964 at 3,066. This is significant in that the customary high/low swing in successive years has not followed true to form. Comment was made in my last report about a seeming variation in the bi-annual incidence

of this disease and certainly the 1965 figures have tended to underline this. It will be most interesting to note the trend in immediately forthcoming years.

A further decrease in the number of cases of whooping cough provides encouragement, i.e., 965 in 1963, 226 in 1964 and 115 in 1965, and this may be due, in part at least, to a greater prescribing and usage by general practitioners of whooping cough vaccine.

Dysentery was over $2\frac{1}{2}$ times more prevalent in 1965 (291 notifications) than was the case in 1964 (112) and this was an unfortunate happening in the light of the downward trend in recently preceding years. Education of the adult population concerning the great importance of good standards in personal hygiene is the most potent preventive factor in the fight against this disease and it is of particular moment that parents should fully appreciate the ease with which this highly contagious condition is transmitted from one young child to another: a full understanding will surely help to reduce the incidence of dysentery within the City area.

A seemingly alarming increase in the number of food-poisonong cases notified to the department in 1965 (564) as against those in 1964 (18) was in fact due to a single outbreak at the Canley College of Further Education which alone produced some 540 notifications. The causative organism was the Clostridium Welchii and fortunately, the outbreak was of a mild uncomplicated nature and short lived — being over within 24 hours. Fuller details of the outbreak appear at page 26 herein.

There was no case of diphtheria or yet of poliomeylitis notified in the City during 1965 and this is in keeping with the situation in Coventry during the past several years. Such a favourable position provides no grounds whatsoever for complacency and parents are strongly advised to take advantage of the simple immunisation facilities and procedures available — either through their own doctors or at the Municipal Clinics — and thereby ensure protection of their children against these dangerous diseases.

One case of typhoid fever and two cases of paratyphoid fever were notified to my department in 1965 and the usual intensive routine enquiries and control relating to such causes was instituted immediately. Particulars of these notifications appear at page 27 herein.

The number of scarlet fever notifications was elevated from 188 in 1964 to 217 in 1965, but the condition remains of a mild nature and gave no cause for anxiety.

Infective hepatitis became notifiable in this City towards the end of 1962 for an experimental period of three years which thereby terminated on December 31st, 1965. The disease, which is caused by a virus infection, has been of concern in this country for some years — not least because of the problems posed for its control in public health practice.

Weightiest opinion is towards the "infection" being spread by intestinal means, i.e., direct hand to mouth contagion from one person to another. Some observers however, feel that a proportion of cases are due to droplet infection. In this respect, therefore, the divergence of thought is not unlike that associated with the transmission of poliomyelitis — in which disease both routes of infection are suspect. At that point, however, any similarity between these two virus infections ends since of course the clinical patterns are quite distinct.

Another most important factor in the consideration of infective hepatitis is that it simulates the condition known as serum hepatitis, which is an infection transmitted by contaminated hypodermics or by faulty blood transfusion procedures. The latter condition closely apes the former in its clinical features so that it was considered desirable to attempt an assessment of the true incidence of the two conditions, in this City, by studying in some detail each case notified to the health department as "Infective Hepatitis". The study included an assessment from the clinical and environmental points of view and has taken into account such features as age and sex incidence, possible relationship to the partaking of school meals and school milk and to the hygienic circumstances in the homes of those affected.

A comprehensive report upon the three year survey appears at pages 29-35 and I would take this opportunity to thank those of my staff who have also been closely associated with the investigation, namely our health visitors and my preceding and present deputy Medical Officer of Health respectively.

Some of the conclusions reached are positive while others are negative, but all nevertheless have value and thereby contribute to the general pool of knowledge relating to this disease.

I am again indebted to Dr. Gordon Evans and his staff for the details concerning Mass Radiography which appear at pages 36-43. It is heartening to note that the incidence of Tuberculosis in this City declined to 0·56 per 1,000 population during 1965, whereas it had averaged 0·89 for the four preceding years.

It will be observed also that the incidence of tuberculosis amongst Pakistanis in the Coventry area was higher than in Indian immigrants and that this follows a similar pattern to that prevailing in the Midlands area. Here too the impact of Health Education has direct and obvious value and the supplementary support given by our appropriate departmental officers in this connection will be duly noted. A total of 25,325 Coventry residents were examined by Mass Radiography in 1965, of whom 1·14 per 1,000 came either under occasional or close supervision by the Chest Consultants, depending upon the severity of the patients condition.

I have pointed out in my successive Annual Health Reports over the years that the subject of Health Education and its practice is one of fulminating importance, firstly because it is something

which has immense impact upon pretty well every sectional field of interest in any health department's work and secondly because it is necessary to keep the general public pointedly aware of the availability of the various health provisions and the importance of using them to best advantage.

To take a specific sectional example, it is not so very many years since the wards of the Whitley Hospital were much occupied by patients suffering from diphtheria — a disease which in those earlier days carried potentially grave complications and implications and indeed had killing propensities for not a few of its unfortunate victims. As an instance, I note from the Annual Health Report of 1945 that some 146 persons in Coventry contracted the disease, of whom five died; that in the following year there were 115 cases notified with four deaths and that in 1947 there were 53 notifications with two deaths. Every one of these deaths involved a non-immunised citizen. Thereafter, with the widespread National Campaign of diphtheria immunisation, the incidence of this serious condition declined dramatically and in latter years the City has been free of the disease.

Similarly too with Acute Poliomyelitis the impact of widespread immunisation procedures had ultimate good effect. It will surely not be out of recollection that in the year 1957, a major outbreak of poliomyelitis affected the City during which 116 confirmed cases came to our notice, of which 71 had paralytic involvements of varying degree.

Likewise in 1953, the year of maximum incidence for this City, there were 164 confirmed cases, of which 100 had paralytic involvement of mild or more severe nature. These major outbreaks came at a time when the Salk Vaccine (hypodermic) or its variants were alone available. It was only in very recent years that the much more sophisticated and easily administered Sabin (oral) vaccine became the immunising agent of choice — justifiably so.

The previous serious effects and the later decline of these two diseases have been selected as demonstrating just what Health Education really means and involves for a Community. It goes without saying that the general public have tended to become somewhat blasé of latter years because of the "absence" of diphtheria and poliomyelitis — indeed the youthful population of today has little real conception of the prolonged battling which has taken place to make conditions safer for them to live in from a health point of view.

The following paragraph, however, is quoted from the Lancet of July 16th, 1966 (i.e. three weeks prior to my writing these comments):—

"Two brothers died from diphtheria on July 6th in Chesterfield Royal Hospital. The last case of diphtheria from the rual district and borough was reported in 1948. Throat swabs from the sister of the two brothers and the mother of this *unimmunised* family were found to be positive . . ."

This represents a lesson which *must be driven home continually* if future tragedy for some family or other in this City of ours is to be avoided. It would be an appalling situation to arise purely because parents had not taken the simple measures which are always available to safeguard their children. It is therefore not merely sufficient for a local Health Authority to institute a variety of services under the National Health Service Part III provisions but there is also a clear responsibility involved to ensure, in so far as is reasonably possible, that its citizens are persistently made aware of their availability.

While I am happy to report that in Coventry, during 1965, the number seeking immunisation against diphtheria and poliomyelitis was greater than in 1964, I would underline that there is still room for much improvement and I appeal to parents to make every use of the available facilities in order to safeguard their children against any possible encroachment of these serious diseases. The immunisation procedures are simple and constitute a minimum of inconvenience— something which is quite negligible in the light of the protection afforded.

Following upon several years of campaigning, the Coventry Health Department, in early 1963, was granted the appointment of a well qualified and experienced Health Education Officer. Miss P. Hodges, came on to my staff in April of the year, with a wealth of experience in this work behind her and having high qualifications to support her forthcoming efforts: she set about her important and diverse task with enthusiasm.

I reported in some detail in my 1964 Annual Report (pages 80-85) of the considerable progress which had been made and of the extended developments and liaisons which had been achieved in a whole variety of directions: this in a relatively short space of time. It is therefore with real regret that I have to report Miss Hodges departure to one of the new London Boroughs to be nearer to her parents and in a more remunerative post. The availability of Health Education Officers, let alone those of high calibre, good qualifications, and experience is at a low ebb throughout the country and it is to be hoped that a suitable replacement will soon be found for Coventry.

I take this opportunity to thank Miss Hodges for her intensive endeavours while she was in my department and I wish her every success in her new post. I wish to thank all those field workers in my department who, in conjunction with their more routine duties, take pains to "spread the gospel" of Health Education (as indeed they have done over the years) for this has cumulative impact and is of first grade importance to the work of a progressive health department but not least to the community which it serves.

There were further developments in our Mental Health Service during 1965 and a highlight was the Official Opening of the Torrington House Hostels and Workshops for adult subnormal persons on May 3rd, 1965—the opening ceremony being performed by the Baroness Gaitskell. By the turn of the year the Workshops

were in full swing with some 66 subnormal employees there and we were fortunate in being able to attract a number of suitable and varied contracts for regular work assignments.

At December 31st, there were some 37 residents in our Torrington Hostels, several of whom had been cared for in Hospitals for Mentally Subnormals—some indeed for many years. The quick progress which these residents made towards the wider community life—even during the course of only two or three months—was truly astounding. There was no room for doubting their new found interests and happiness since these were expressed time and time again to our hostel staffs. We had carefully studied and laid down criteria for the admission of residents and this prior consideration was soon proved to have been most apposite since we had a minimum of difficulty settling in those who were accepted.

The practice which was initiated some few years ago of sessionally attaching some of our psychiatric social workers to local group practices continues as a developing asset since it is clear that the general practitioners concerned, together with our P.S.Ws find this a most helpful and rewarding means of dealing with early anxiety and mental problems at source. I would wish to see this service still further extended as and when the availability of departmental staff allows of this because the value of the service to the community is now quite apparent and established.

I am happily able to report that the proposed Junior Training Centre/Special Care Unit/Short Stay House, which was earlier planned for the Henley Road area of Bell Green, commenced building on 16th August, 1965. We look forward to its availability—probably towards the end of 1966—since it will provide a further and most valuable addition to the capital provisions we now have in this City for the benefit of mentally subnormal children. A plan of the building, which will provide a total of 55 places, appears at page 77 and I am indebted to the City Architect for providing me with this.

It is quite apparent that Coventry with a continuously increasing population which at mid-1965 stood at 327,120, is *urgently* deserving of its own Psychiatric Hospital. It is extremely doubtful that there is any City of comparable size in the United Kingdom which is required to look to its entire psychiatric bed provisions so far from its immediate environs. The Central Hospital, Warwick, which we accept has served our community to the best of its accommodational ability and with dedication by its staff for very many years, is nevertheless some 14 miles distant from the Council House and moreover is strained far beyond its capacity. The areas of the Warwickshire County which the Central Hospital serves (i.e., Coventry excluded) has an expanding population which of itself, more than justifies the need for the total beds available there. In this connection, therefore, it is earnestly hoped that those who have the planning of future bed requirements for Coventry in their hands will quickly come to appreciate and accept the force of the above argument—since it is

factual—and will take *urgent* steps to ensure for this City an early resolution of this acute need.

Mr. A. Sturdy, who was one of four Duly Authorised Officers appointed onto my Mental Health Staff when the Part III National Health Service Act provisions were instituted in 1948 and who gave valuable service during his 17 years in my department, retired during the current year. Mrs. U. Chisholm, who gave 10 years of most conscientious service to the local authority as a Social Worker in the Child Guidance Clinic also retired in 1965. To both these officers I would express thanks for the prolonged and greatly appreciated services which they rendered to the department, and to the community, in mental health work during the time they were with us: I wish them also long and happy retirement.

A full report upon the working of and development in our Mental Health Services during 1965 appears at pages 69 to 87 herein and I would suggest that readers who have interest in the wide range of mental health provisions in this City could derive much helpful knowledge therefrom.

As a result of the Boundary Commissions' recommendations, the population of Coventry was increased by about 10,000 through the transference of certain fringe localities from the County Area. The largest of these was the Finham district and, inter alia, involved our taking over the Finham Child Welfare Clinic. The Eastern Green Clinic similarly came under our control.

It is a sign of the period that a greater amount of time is now being given to the examination and assessment of handicapped children and those at special risk: rather than that the time of professional staff should be unduly allocated to the routine inspection of normal young children. This is a rational and generally more satisfying approach since it brings greater necessary attention to those children who are most in need and who will derive greatest benefit from it.

The new Walsgrave Maternity Hospital is due to open around mid 1966 and there has been a close and very well worthwhile liaison, including periodic meetings, between the appropriate professional staffs and other officers of the Hospital, Local Health Authority and Local Medical Committee. The Meetings have been particularly concerned with the future functioning of the New General Practitioners Unit at the Hospital and it is certain that there will need to be the closest of links between the three local aspects of the National Health Service to ensure the best possible advantages accruing to mothers and their babies.

The need for Walsgrave Maternity Hospital to have an adequacy of qualified midwifery nursing staff is of first line importance and it is hoped that sufficient pupil midwives will come forward for training in immediately forthcoming years to ensure this requirement. The number of approved teachers for pupil midwives in Coventry was slightly increased in 1965.

Our Domiciliary Midwives are now using gas and oxygen machines in their work and these have superseded the gas and air machines previously used: this of course being in the best interests of the mothers and babies.

I wish to congratulate the Supervisor of Midwives and her staff for the intense conscientiousness which they have brought to their work throughout the year.

Two new day nurseries, to similar design, became available at Tile Hill and Bell Green respectively during the year — these being replacements for the quite old wartime nurseries which have served so very long at Canley and Wyken. The new buildings were long overdue and will bring excellent facilities for the children attending.

The old library premises which have housed our Windmill Road Nursery for many years are now to undergo major reconstruction and thereby provide modern day nursery amenity to that locality: in the interim, the children from there are being catered for in the old Wyken Day Nursery.

During 1963, the introduction of a preventive scheme in respect of Cancer of the Cervix was under repeated exploratory discussion with my appropriate staff and on 9th September of that year, a report was submitted to the Health Committee in which I drew attention to the need for closer links with the local Hospital Pathological Service; greater availability of trained laboratory technicians; possible use of certain Municipal Clinics and professional staff for the taking of smear specimens.

The subject has been discussed in some detail with the Consultant Gynaecologist who, in conjunction with the Consultant Pathologist, had been using the technique in selected cases referred to the hospital Gynaecological Clinic. Our hospital colleagues were at one in agreeing that wider scope should be given to the procedure as and when further trained laboratory technicians became available.

Following subsequent and wider discussions, and thereafter a favourable resolution by the City Council, authorisation was sought from the Minister of Health to amend our National Health Service Act (Section 28) provisions to allow of the institution of the preventive scheme in our clinics. By the turn of the year, arrangements were sufficiently advanced to ensure a commencement of the service — probably in February or March 1966 — in three selected Welfare Clinics in widely separated parts of the City.

It is with much regret that I have to report the death of Miss D. Miles, late Matron at our Poole Road Day Nursery who had given conscientious service to the Local Authority during the seven years that she was employed as a Warden and thereafter as Matron.

The demand for places at the several day nurseries in the City continued at a high level and although 20 more places became available during the year, these were insufficient to cater for all those

justifiable applicants who requested consideration for their appropriate children. Applications for registrations under the Nursery and Child Minder Regulations — not least from those citizens requiring registration of Play Groups — are increasing very considerably. the extent is such that greatly increased surveillance by the local authority is quite necessary. It is in mind, therefore, to seek the appointment of an Inspector for this purpose who will attempt to ensure, as far as this is reasonably possible, that appropriate standards are maintained. The great difficulties with which Health Committees and their Departments are obliged to contend, in the administration of the Child Minder Regulations, is pointedly illustrated in the two examples described on page 50 herein.

I am indebted to Dr. J. E. M. Whitehead, Medical Director of the local Public Health Laboratory Service who has provided some most interesting comments (page 23) upon the incidence of virus diseases occurring in Coventry during 1965. These relating more particularly to a condition known as Respiratory Syncytial (R.S.) involving young children some of whom are affected quite seriously. Other of Dr. Whitehead's observations are concerned with the local incidence of Influenza Virus B cases — which were fortunately not in large numbers — and to Coxsackie B.S. infection, which necessitated the isolation of 16 patients. I wish to take the opportunity of thanking Dr. Whitehead and his staff for the close liaison established with my department and for helpfulness rendered throughout the year.

Our Health Visitors continued to play their important and increasing part in the Health Education activities of the department during 1965, and greater intensity was applied to the schools in this field of work. We have no full-time attachments of Health Visitors to general practices in Coventry but a limited number of regular short sessional liaisons is operating and, generally, the number of meetings between general practitioners and health visitors and consideration of items thereby has been increasing to mutual advantage.

The Health Visitors also took part in several national surveys during the year on selected health topics, including that relating to the National Child Development Study (schoolchildren). It is of importance that our staffs should take part in such enquiries since most useful information tends to eventuate, some of which at least has local application for the benefit of the community. It is of equal importance too that the time factor involved for staff taking part in the surveys should be generally appreciated and duly allowed for: this because attitudes towards, and practice of, research and related enquiry must be understood as forming part and parcel of any progressive health department's disciplines.

The Superintendent Health Visitor and her staff have been heavily engaged throughout the year in a varied range of duties and I happily record my acknowledgement for the work which they have accomplished.

The work of the Home Nursing Service has been much aided by an enhanced provision of disposable treatment and nursing equipment which has proved advantageous to patients and helpful to our nurses. The Inco Pad Service which commenced here in mid-1964 has proved of such convenience and value to patients as to warrant a 50% increase during the year under review. Further details of these available facilities appear on page 61. I take this opportunity to thank our Superintendent and her staff for the intensity they bring to their work and concerning which I so often have glowing comments from various sources.

A significant event took place during the year which caused elation for all directly concerned, namely, the commencement of constructional work on the new Ambulance Station. In previous reports I have drawn attention to the inordinate difficulties with which the Ambulance Service has had to contend in the various makeshift premises to which from time to time our personnel have been obliged to transfer.

This is not to say, however, that we are ungrateful for the present accommodation allocated to us by the Hospital Saturday Fund and the valuable co-operation we have had from them towards this end. But the simple fact is that present facilities are quite inadequate to our increasing requirements and to the needs of the City's rapidly expanding population. The forthcoming availability of the new purpose-built and progressively planned Ambulance Station will provide a tremendous fillup to the Service. We have had detailed assistance from the Authority's Organisation and Methods Section in the reorganisation of our Control arrangements and in the assessment of technical equipment for our Control Staff. This, with the added assistance of a forward thinking and long established local electronics firm, is considered to be of the most advanced of it stype in the country. It is anticipated, therefore, that Coventry citizens will derive much future benefit from these now quickly developing arrangements. It is certain that our Ambulance personnel are deserving of the change to more amenable conditions and surroundings for they have, perforce, had to contend with a variety of changes, discomfort and difficulties over the years which, until the new building is available, must necessarily continue for a little while longer. A further point of interest was the conversion of one of our ambulances (due for disposal) for use as a multipurpose vehicle i.e., as a Mobile Ambulance Control, for use in the event of a major emergency such as the extremely dangerous fire incident which occurred at the building of the Ministry of Pensions and National Insurance, Gosford Street, during 1964. This vehicle can also be used for both portable and fixed public address purposes, and, as need be, for peripheral health education requirements.

The Principal Dental Officer indicates that there was a small reduction in the number of pre-school children treated at the clinics but it is nevertheless heartening to note that he and his staff were able to undertake rather more conservative dentistry for this age group than has been possible for some time.

The National Health Service "diary" which appears at pages 44 to 46 gives a brief year to year summary relating to some of the more important capital, administrative and fieldwork projects and developments instituted in the Coventry area since 1948: it is included for quick reference purposes.

I am indebted to the Director of Welfare Services for the data and comments he had provided at pages 91 to 95 herein concerning the Home Help, Chiropody and Mobile Meals Services respectively. This information demonstrates the extent to which the Home Help Service (inaugurated in the Coventry Area as a limited domiciliary help service prior to the National Health Service Act provisions) has expanded since the 1948 legislation became operative and the reorganisation which has been necessary to cater for the requirements of the community. It is to be noted that the Home Help Organisers office has been re-established at the New Council Offices in Earl Street from its recent abode at Tudor House, Spon Street.

The Mobile Meals Service too has continued to expand over the years and, more latterly, the Health Department has been pleased to provide a number of Meals on Sundays on behalf of the service, for persons in need, through the facilities available at Torrington House, i.e., from our Hostels for mentally subnormal adults.

Details of Chiropody provisions which are available to elderly persons under Section 7 of the Coventry Corporation Act, 1958 are given at page 94 herein. Ministry of Health Circular 1/66, paragraph 7 (b), specifically requests information concerning the number and type of persons for whom chiropody has been provided under the National Health Service Act to date. I am to report that this Local Authority has made no provision under this act for the priority groups of Physically Handicapped Persons and Expectant Mothers, mentioned in Ministry of Health Circular 11/59, who may be in need of such a service.

In accordance with Ministry of Health Circular 1/66, information concerning the incidence of Venereal Disease in the Coventry area is provided at page 36. Other data in this connection appears under the Health Education Section herein. There was also a sizeable increase in the number of cases of Yaws which came to the attention of the staff at the appropriate hospital clinic and these, of course, were found in certain immigrant categories.

On 5th October 1965, the City Council, in respect of the proposed Fluoridation of Public Water Supplies, resolved as follows:—

"That the Council, as Local Authority, decide in principle to introduce fluoride up to the approved limits into the public water supply in the City, it being understood that the Water Engineer will now discuss the technical implications of the scheme with the Ministry of Housing and Local Government with a view to reports being submitted to the Water Works and Fire Brigade and Health Committees and subsequent recommendations to the Council in respect of the financial implications of the scheme."

By their decision, the City Council confirmed a previous like resolution made in February 1963 and subsequently countermanded in January, 1964. This is a pleasing outcome to many years of intensive consideration and I am particularly happy that through this future measure the youth of the City will benefit, cumulatively, in their dental health state and thereby, with increasing years, in their general health also.

The Chief Public Health Inspector has provided me with data (included hereinafter) concerning the duties performed by the Public Health Inspectorate during 1965 and I extend my thanks for this and also congratulate him and his staff for the considerable work they have accomplished in that period.

It will be noted that there was a small reduction in the number of caravans used as dwellings within the City area and that in those instances where itinerant caravaners "took possession" of open sites, the prompt action of the Inspectorate resolved such problems and prevented the possibility of public health nuisances arising.

Some 556 houses were considered to be unfit for human habitation — an increase of 68 over those for the preceding year; 162 houses were demolished as compared with 118 in the preceding year. There were 1,987 new dwellings erected which is 361 more than in 1964; 795 more applicants on the rehousing waiting list at 31st December, 1965, than at the commencement of the year, and 354 more families rehoused than in 1964. Significantly there was a drop from 317 in 1964 to 207 in 1965 of overcrowded houses and a recession from 1,628 to 1,079 of persons living in them; whilst the number of cases of overcrowding relieved was lower in 1965 by 44%. The number of houses in multiple occupation advanced from 8,000 in 1964 to 9,000 in 1965, of which latter figure 1,400 were estimated to be occupied by three or more distinct occupancies (compared with 2,000 in 1964).

During the year two smoke control areas became operative in the Westwood and Whoberley areas of the City respectively and a further such area in Earlsdon South is pending so that the Councils plans for comprehensive control throughout the City advances steadily and at the present there are seven smoke control areas operating involving some 17,000 houses. It is encouraging to note that in the industrial sphere the number of complaints coming to notice in 1965 concerning grit and dust nuisances were fewer.

So far as noise nuisances were concerned, although 146 complaints came to notice in 1965, as compared with 165 in 1964, yet some 378 more visits were made (i.e. 857 in 1964; 1,235 in 1965) by the Inspectorate in pursuit of dealing with these appropriately. Many nuisances clearly involved patient investigation and negotiation before the conditions were resolved or ameliorated and the Inspectorate's efforts, at times performed under most difficult circumstances, should be duly appreciated.

The number of food and drugs samples taken during 1965 (1,803) was noticeably increased over those taken in the three immediately preceding years (1,657; 1,632 and 1,671 respectively) but the percentage of unsatisfactory samples was nevertheless slightly lower at 7.88% (compared with 8%; 8.95% and 8.5% respectively). Results of the analyses in 1965, demonstrated a pointed improvement in the commodities sampled from that occurring in the preceding year.

Circular 1/66, paragraph 8(i) calls for information concerning milk sampling with relationship to Brucella Abortus and a note concerning this appears at page 139. Data relating to the Food and Drugs Act, 1955, is at page 140. The need to ensure that an adequate number of milk samples are tested for the possible presence of specific antibiotics is a matter which is of developing importance, not only in order to ascertain the possible masking of infective states but also to ensure that those members of the public who may have adverse idiosyncracies towards certain medicaments (e.g. penicillin) are protected against these unlawful encroachments upon milk supplies.

The number of animals of all types slaughtered at the Coventry Public Abattoir in 1965 was considerably lower than those similarly dealt with in 1964, not least of cows and calves in which the killings were reduced by about 50%. Generally speaking, therefore, it follows, as would be expected, that the proportion of bodily parts condemned were much reduced also.

Details of water sampling at the various swimming baths and paddling pools throughout the City — public, private and those for schools — appears at page 149, and generally these and the general conditions prevailing there were found to be satisfactory. The magnificent new swimming pools to be provided in the Central City Area were reaching the stage of completion by the turn of the year and these will be fully in use before mid 1966. The quite huge and attractive building will provide wonderful amenity for Coventry citizens as indeed no doubt also for many people from surrounding extraneous areas. The ensuring of good hygienic standards, in continuum, at the New Baths generally and for the swimming waters more specifically, will be of the closest moment and interest to us from a public health point of view.

A note on "Common Lodging Houses" — (vide Ministry of Health Circular, paragraph six) — appears at page 150 herein and it will be noted that only one such establishment has apparent relationship for this City. Likewise, information under the Factories Act, 1961, appears at pages 150 and 152.

The number of cremation certificates and related particulars dealt with for this City and surrounding areas by the Medical Referee and his appropriate staff advanced by some 126 from 2,498 in 1964 to 2,624 in 1965. It is perhaps more pointed to indicate that in the seven year period from the end of 1958 to December 31st, 1965, the number of cremations dealt with for certification purposes increased, astoundingly, by almost 1,000.

Data relating to the number of medical examinations conducted in my department on behalf of the Corporation for various categories of established or intending employees appears at page 101.

The City Architect's representatives to the Health Committee, who are specifically concerned with the architectural and related planning aspects of Health Department building projects, have provided their customary and much appreciated assistance to me and my staff in a number of ways throughout the year and I take pleasure in thanking them, and the City Architect himself, for their united helpfulness.

I am much indebted to the Water Engineer and Manager for the statistical information he has provided in connection with the City Water Supply (page 100 herein); for the regular data he and his staff provided me with throughout the year concerning water analyses and for their ready helpfulness whenever this has been sought.

The City Engineer has contributed a most interesting note to my report which deals with the sewerage of the City and disposal of sewage (page 96). With the tremendous developments which have taken place in Coventry and the considerable year by year increase in population, it is apparent that the City Engineer and his staff have, for long, been faced with outsize problems and difficulties to be resolved. The Engineer's comments provide information concerning the sewerage project under construction for the Sherbourne Valley and of that pending for the Sowe Valley. It is perhaps the case, over the years, because these and other such major underground constructions are quite quickly buried and thereby go largely unseen, that the general public tend to take the provisions for granted. It would be as well for us all to stop a while and cogitate upon the vital contribution which the Sewerage of the City — and also the Water Supply—make to our good general health and, moreover, the intensive thought which goes into their being made available towards our continuing safety from certain infections.

My thanks are due to the City Analyst and his staff for helpful co-operation during the year in respect of a number of analytical assignments undertaken for my department.

I wish also to express appreciation to the Town Clerk, City Treasurer and other Chief Officers and their respective staffs who have contributed in any way during the year to the furtherance of my department's work. Those medical colleagues, both in hospitals and general practice who, with their associated auxiliary colleagues, do so much to ensure the better health of Coventry citizens, are deserving of much public appreciation and I take pleasure in adding my own. For the most helpful co-operation too of the Clerk to the Local Executive Council; and the several Secretaries of local and nearby hospitals, my thanks are also due and willingly given.

My Personal Secretary, Mrs. V. M. Bayliss-Stranks, left the department in July, 1965, to take up new family commitments and,

thereto, I wish her great happiness and thank her for the excellent and efficient service she rendered.

To my entire staff in the Health Department who work so diligently in a great many fields of endeavour, I applaud and thank them for their efforts throughout the year. It would be invidious for me to signal out individuals for special mention but I would wish to offer an added word of thanks to those several senior members of staff who are at hand in the necessary day to day consideration of many matters and problems which arise for a major Health Department in any year: also to those who have in any way contributed to the content of this Report.

To the Chairman and Members of the Health Committee I express my thanks and appreciation, and on behalf of my staff also, for the consideration which they give to matters brought to their attention throughout the year and for their continuing interest in the furtherance of the Health Department's work.

I am, My Lord Mayor, Ladies and Gentlemen,

Your Obedient Servant,

MEDICAL OFFICER OF HEALTH

INFECTIOUS DISEASES

The first indication in 1965 of the presence of virus infection in the community came early in January with an increase in the number of infants with respiratory illness admitted to the Children's Wards in the City's hospitals. Most were under six months old and were afflicted with a mild "wheezy" bronchitis meriting hospital attention. It was not possible, with the laboratory facilities available, to study every case, but Respiratory Syncytial (R.S.) virus was isolated from 11 patients. This is one of the newer respiratory viruses which is known to have a predilection for the respiratory system of young children in whom it sometimes causes a more severe illness than that seen in Coventry this year. In older children and adults the disease is usually mild and may resemble the common cold. This was the first outbreak by R.S. virus to be identified in the City although, in previous years, this virus had been isolated from sporadic cases.

The duration of the outbreak was short and no further strains of virus were isolated after March.

More familiar to the laboratory was Influenza Virus B which was detected in a small wave of cases occurring in March and April. Many were children and, in addition to the usual influenzial symptoms, nose bleeding was sometimes reported. A few adults were affected.

With the arrival of warmer weather, infections by respiratory viruses waned and were replaced by enterovirus infections somewhat earlier than usual. The first isolations of this year's predominant enterovirus, Coxsackie B5, were made in April. Infection by this virus reached a peak in July and had declined by October, by which time 16 isolations had been made from persons within the City boundaries. This was in contrast to the situation reported from some other areas of the country in which the infection followed the more usual trend observed with this group of viruses, which includes the poliomyelitis viruses, with the peak incidence occuring in the late summer and early autumn months. The pattern of illness due to the Coxsackie B5 virus this year was one in keeping with the now familiar description of a varied clinical picture ranging from feverish illnesses with muscular pains, sometimes particularly acute about the chest, to aseptic (lymphocytic) meningitis and with a tendency to relapse in some cases. It should be emphasised that only a small proportion of those infected by the virus are ever likely to be investigated by virological tests, these being chiefly employed for the small proportion of cases severe enough to be admitted to hospital.

In 1965 electron microscopy was applied, for the first time since the laboratory began a virus service, for the diagnosis of three cases of "Orf" (contagious pustular dermatitis) in human beings. This is a disease of sheep, which persons in occupational contact with these animals sometimes acquire and which takes the form of a slowly developing lesion resembling a boil, usually found on the hands.

The cultivation of virus from these cases is slow and usually unsatisfactory but recent advances in the study of the fine structure of virus particles has enabled this virus to be recognised by its characteristic appearance under the electron microscope. The technique which enables this to be carried out on specimens from the human disease had been newly developed in the Cambridge Laboratory of the Public Health Laboratory Service. Opportunity was thus taken to send material collected from the Coventry patients to Dr. J. Nagington in the Cambridge laboratory and he was able to provide a firm diagnosis by this means within two or three days of receiving the specimens. This collaboration between two laboratories of the Service will continue until such time as the Coventry laboratory possesses a suitable instrument for its own use.

Sporadic cases of other virus infections encountered by the laboratory during the year uncluded three cases of Q. fever (due to R. burneti), two cases of accidental vaccinia and five cases of lymphogranuloma venereum (L.G.V.). No poliovirus was isolated during the year.

Measles

The incidence of measles during the year lent further support to the suggestion which I made in my last Report that the characteristic biennial pattern of epidemics is tending to disappear. In 1965 the number notified was 3,847, only 781 more than the previous year (a supposed non-measles year) and so it is obvious that the susceptibility of the young child population is now a factor more uniformly prevailing throughout the year rather than manifesting itself as an acute phenomenon every two years.

Towards the end of the year there were indications in the medical literature that suitable antibiotic material might soon be commercially available to immunise children against the disease but the probability of untoward reaction did not appear to have been completely resolved.

Whooping Cough

Notifications continue to fall from 956 in 1963, 226 in 1964 to 115 in 1965. Once more it was noted that immunised children were also affected, although not in such large numbers and by a clinically milder form of the disease.

This failure of immunisation to confer complete protection has aroused considerable comment both locally and nationally and has given rise to two possible explanations. The first is that the condition may be caused by a small group of closely related organisms and the antigenic material may protect against only some of these. The second is that the characteristic clinical features, i.e. paroxysmal coughing with vomiting and a "whoop" may be caused by organisms other than B.Pertussis: in particular organisms of the parainfluenza group. It is thus possible that some of the notified cases are not, in fact, suffering from whooping cough as it would certainly be difficult to make the distinction on clinical grounds alone.

Scarlet Fever

217 cases were notified during the year compared with 188 during the previous year. The cases were fairly evenly distributed throughout the city and, as usual, children of primary school age in the main were affected. Fortunately, the condition is only very rarely serious nowadays, being nothing more in fact than a streptococcal sore throat with rather characteristic rash. The availability of modern antibiotics has done much to prevent the complications which used to make this disease one to be feared.

Diphtheria

Fortunately, no cases of diphtheria were notified during the year and one should perhaps emphasise that the rarity of this disease nowadays is almost certainly related to the policy of active immunisation which has been pursued in this country for the past quarter of a century. It cannot, however, be repeated too often that the need for immunisation is as great as ever as it must be remembered that only a high index of herd immunity can keep the disease at bay.

Dysentery

It is slightly disappointing to observe that the incidence of this condition was greater in 1965 (291 cases) than in the previous year (112 cases) thereby reversing, one hopes only temporarily, the satisfactory trend of the past few years.

The disease was especially prevalent from June until August and again during November and December. Cases occurred in one day nursery during the summer and at the end of the year outbreaks affected two day nurseries and one infant school.

In this country the condition is spread mainly by close person to person contact, especially among young children, and so one case occurring at a day nursery or infant school is usually followed by several others within a very short period. Strict attention to personal hygiene is of obvious importance in limiting the spread but the main difficulty in prevention is that of avoiding the introduction of infection into as susceptible group. The immediate exclusion from school or nursery of any young child suffering from diarrhoea, allowing return only after a stool specimen had been shown to be bacteriologically negative, would probably be the most rational approach: but this might be regarded as a rather drastic measure, especially in the case of schoolchildren. Fortunately few, if any, are seriously ill with the condition but it has considerable nuisance value to children, their parents and a variety of Local Authority staff.

Food Poisoning

564 cases of food poisoning were reported during the year; 24 of these represented sporadic or small family outbreaks caused by a variety of salmonellie; the remaining 540 cases were involved in one very large outbreak from one source and a detailed description of this outbreak is given below.

On the 13th October a general practitioner telephoned the Health Department to report that a large number of residents at the City of Coventry College of Education had developed certain symptoms suggestive of food poisoning and that all the persons affected had eaten the same meal in the College dining hall on the previous evening.

The College was immediately visited and a comprehensive investigation of the incident made. It appeared that approximately 800 persons had had a meal at the College on the evening of the 12th October. Two meals were served at that time, the main one being of chicken and all those who were ill had taken it. The second was served to 40 persons only and no-one from this group was ill. The meal under consideration was eaten between 5 p.m. and 7 p.m. on the 12th October and those who became ill developed symptoms between 3 a.m. and 4 a.m. on the following day. The symptoms were comparatively mild and no-one required admission to the sick bay. When the members were finally counted, it appeared that 540 persons had developed symptoms, although all felt well again in less than 24 hours. All the clinical and epidemiological features of the outbreak, including the incubation period, were strongly suggestive of infection by heat-residence Cl.Welchii and this organism was subsequently isolated from approximately three quarters of the faecal specimens submitted to the Public Health Laboratory for bacteriological examination.

A careful investigation was carried out retrospectively with regard to the preparation of the chicken meal which was strongly suspected of being the vehicle of infection. (Unfortunately no specimens of the actual meal remained and so it was not possible to isolate the organism from the suspected food-stuff.) During this part of the investigation, several factors were pinpointed which could possibly have contributed to the chicken being a vehicle of infection. The most likely factor responsible was that an inadequate heat penetration into the carcass of the chicken at the time of boiling resulted in a condition which probably existed whereby the organisms or other spores were able to survive the cooking process. These organisms are, in fact, widely distributed throughout the animal kingdom and are indeed present in approximately 25% of specimens of fresh meat. Cooking under normal domestic circumstances is usually more than adequate to kill all the organisms present, but when very large joints of meat are cooked (or, as in this case, large boiling fowls—each one weighed 6-7 lbs.), there is the possibility that heat penetration may be relatively inadequate at the centre.

The opportunity was taken on this occasion to review the entire layout of the kitchen and the procedures involved in food preparation in an attempt to prevent the recurrence of this unfortunate incident. It should perhaps be pointed out that there is no suggestion that this outbreak was in any way due to poor personal hygiene on the part of any of the kitchen staff.

Typhoid Fever

One case of typhoid fever was notified in 1965. This was a 16 year old Indian girl who became ill five days after her arrival by air in this country from the Punjab region. She was promptly admitted to Whitley Hospital where the diagnosis was confirmed by laboratory investigation. Surveillance of all contacts and other preventive measures were carried out by Health Department staff and it is pleasing to be able to report that no secondary cases occurred.

This girl's infection was obviously acquired outside this country, but the incident does serve to illustrate the importance in these days of rapid air transit and of carefully considering a patient's recent movements when unexplained fever or other unusual symptoms develop. This point does, of course, apply equally to those who have merely been abroad on holiday or for business reasons.

Paratyphoid Fever

Two cases of paratyphoid fever were notified to the Department during the year and one further case came to light during the family investigation in connection with the second notified case.

The first was a two month old baby who was admitted to Whitley Hospital for investigation of persistent diarrhoea. As soon as the diagnosis was established, an intensive search was made to discover the source of the infection as the infant had never been out of the country nor been in contact with anyone from abroad. Samples of his dried milk, rusks, cod liver oil, orange juice and rose hip syrup were submitted to the Public Health Laboratory and all persons who had had any close contact with the baby since birth were bacteriologically investigated. The only positive finding was that both his parents were found to be excreting the organism though not themselves ill. It was not possible to decide whether they had become infected by their close contact with the infant or whether one parent had been a carrier and therefore the source of the illness in the infant. All contacts were, of course, kept under careful surveillance but no further cases occurred.

The second case was a 45 year old lady who was admitted to Whitley Hospital for investigation of unexplained fever. She and her husband had some six weeks previously returned from a holiday in Sardinia and the detailed history revealed that her husband had developed diarrhoea and slight fever ten days after their holiday. Laboratory investigation proved that he was excreting the organism and so it was considered probable that he had become infected whilst in Sardinia and that his wife was subsequently infected by him. Routine surveillance of all contacts was carried out but no further cases occurred. (Laboratory investigation did, in fact, reveal that one near relative, a three year old girl, had been infected but fortunately she did not develop the disease.)

During the summer an outbreak of paratyphoid fever occurred in the Blackpool area following the consumption of non-heat-treated infected milk from a nearby rural area of Lancashire. One Coventry person who had been on holiday in Blackpool during the outbreak was found to have been infected but fortunately he did not develop the disease.

Poliomyelitis

As in the past five years, no cases of poliomyelitis occurred in the City in 1965. There is little doubt that this represents continuing proof of the efficiency of active immunisation, especially by the use of oral vaccine.

INFECTIVE HEPATITIS

In November 1962 the Minister of Health approved an Order under Section 147 of the Public Health Act, 1936, making infective hepatitis locally notifiable in Coventry for a three year period ending on the 31st December, 1965, and the following account represents the results of a three year survey which was made possible by the Order.

The account is in the form of a report which I presented to the Health Committee at their meeting on 13th June, 1966:—

Introduction

Infective hepatitis is an acute infectious condition of virus origin generally characterised by fever, nausea and abdominal discomfort followed in the great majority of cases by jaundice. Man is the only reservoir of infection and the mode of transmission is through close person-to-person contact. The intestinal route of spread (similar to that of dysentery) is regarded as the most probable in the vast majority of cases but droplet spray infection has also been considered to be a possibility.

Although the condition is not generally notifiable it has been justifiably described as the most important unsolved problem in the field of infectious diseases. Historically it has been a significant feature of many military campaigns, epidemics having been prominent during the American Civil War, the South African War and the First and Second World Wars, to mention only a few. It was, in fact, only recognised to be an infectious disease as recently as 1928 and it was not until 1939 that its epidemiology was systematically studied and reported upon by a General Practitioner in rural Yorkshire.

In recent years there has been further cause for concern in that the condition has been found to be clinically indistinguishable from serum hepatitis which is conveyed by human blood and its products either through contaminated hypodermic syringes and needles or by blood transfusion procedures. It was for this latter reason principally that I suggested to your Committee in the Autumn of 1962 that authority be sought from the Minister of Health for infective hepatitis to be made locally notifiable so that cases could be immediately investigated with a view to distinguishing syringe borne infection from the other type. Following your Committee's agreement, subsequently confirmed by the City Council, the Town Clerk made an approach to the Minister of Health with the result that an Order was made, pursuant to Section 147 of the Public Health Act, 1936, making infective hepatitis notifiable in the City of Coventry for the three year period 1st January 1963 to 31st December, 1965.

When the figures for 1963 were analysed it became clear that syringe-transmitted infection could be regarded as a possible cause of hepatitis in only a minority (less than 10%) of cases and so it was decided to widen the scope of the inquiry in the hope that this might yield some further useful epidemiological information. Accordingly from the 1st April, 1964, several other social variables were included in the inquiry so that a more complete picture might be obtained of the pattern of occurrence in the City. Hence the following account represents two separate inquiries, namely a three year study in relation to the distinction between infective hepatitis and serum hepatitis and the extent of the problem presented by the latter, and a more detailed epidemiological inquiry covering the period 1st April, 1964 to 31st December, 1965.

Incidence

A total of 677 cases were notified during the three year period, 261 during 1963, 216 during 1964 and 200 during 1965. (The detailed monthly incidence is shown on the attached histogram.) This represents an average rate of 72 per 100,000 per year and can be compared with a rate of 263 per 100,000 per year noted during a recent survey in Bristol. No obvious seasonal relationship was observed and, in fact, peaks of incidence occurred during summer and winter months alike. The distribution of cases appeared to be fairly widespread throughout the City but, broadly speaking, there was a slightly greater concentration of cases in the northern wards during 1963, followed by a much greater concentration in the south of the City during 1964, with a move to eastern wards in 1965.

The Possible Incidence of Serum Hepatitis. Serum hepatitis has an unusually long incubation period, generally three to four months, but periods of five or even six months are not uncommon. Accordingly, careful inquiries were made in respect of each notified case of hepatitis concerning any history of vaccination or immunisation procedures, any treatment involving injection, or actual transfusion of blood or serum carried out during the six months period prior to the illness. Only 10·3% of the total notified cases during the three year period had such a history and so it is reassuring that serum hepatitis does not appear to be a major problem, at least in Coventry.

Actually the figure of 10·3% is almost certainly an over estimate as a proportion of these were probably cases of infective hepatitis who simply happened to have had some injection or similar procedure carried out during the preceding six months; this procedure automatically placed them in the category of "possible serum hepatitis" as there is no means of distinguishing the two related conditions on clinical grounds.

Age and Sex Incidence

Those affected were mainly children and young adults. The average age was 15·5 years, the youngest being 12 months and the

oldest 79 years. Males and females appeared equally vulnerable, the numbers affected being 343 and 334 respectively.

Clinical Features

The clinical picture was fairly uniform with jaundice and dark urine the most common symptoms. Most cases were mild but 38 were admitted to hospital and there was four deaths, three children aged 14 months, two years and eight years respectively and a 39 year old woman.

The following table gives an indication of the relative frequency of symptoms experienced:—

Jaundice	89%
Dark urine	88%
Vomiting	77%
Abdominal pain	73%
Pale stools	73%
Fever	50%

History of Contact

Of the total number of cases notified during the three year period 31% gave a definate history of contact with a known case and the great majority of these were other members of the patient's family. This figure of nearly one third is what one might expect by virtue of the fact that research has already shown that in any community experiencing an outbreak of infective hepatitis, there are approximately twice as many symptomless "carriers" as there are recognisable cases.

School contact appeared to occur relatively infrequently and when two or three cases were notified from any one particular school they tended to be from different classes and therefore have little or no relation to each other (except of course a family relationship, which was the common finding). If more than two or three cases were reported from any school a visit was paid and appropriate advice given but in no instance was it felt that any school was itself acting as a focus of infection.

There was however, one significant exception, a localised outbreak occurring in the Corporation's Junior Training Centre during 1963, involving 23 severely subnormal children and two members of staff. In this instance there is little doubt that the infection gained access to the Centre and spread rapidly and selectively within that environment . Routine measures of control did not in fact appear to halt the spread of infection so it was decided in consultation with the Director of Coventry Public Health Laboratory that the use of gamma globulin would be justifiable to protect all contacts at the Centre who had not experienced a clinical attack. Consequently, following the receipt of written parental consent gamma globulin was given in doses of 250 mgm for those children under 10 years of

age and 500 mgm for all older children and adults; only in five instances was the offer of protection declined. It is gratifying to be able to report that no further cases occurred at the Centre following this protective measure.

Relation to the Taking of School Milk and School Meals

Although there had never been any suggestion that school milk or school meals were factors contributing to the spread of the condition among children in Coventry it was considered worthwhile to investigate this aspect during the course of the inquiry. The following table illustrates the results.

	1964	1965
School Milk		
Percentage of *affected* school children taking milk	89%	79%
Percentage of *all* school children taking milk ..	88%	80%
School Meals		
Percentage of *affected* school children taking meals	63%	59%
Percentage of *all* school children taking meals ..	61%	63%

The differences are extremely slight and are certainly not statistically significant and so it is reassuring to observe that no relationship could be detected between the occurrence of the illness and the taking of school milk or meals.

Relation to Domestic Washing and Sanitary Facilities

Because of the generally accepted views regarding the spread of infective hepatitis it was felt that the inquiry should include a note on the adequacy or otherwise of the washing and sanitary facilities of the patient's homes. It was rather surprising to learn subsequently that all but a few of the affected persons' homes had facilities which were not only adequate but good. Two possible explanations are suggested, firstly that the respiratory mode of spread may be more common than hitherto thought, and secondly that the mere possession of good washing and sanitary facilities is not by itself enough — scrupulous personal hygiene must also be practised by the individual.

Control of Spread of Infection

The original purpose of requiring infectious diseases to be notified to the Medical Officer of Health was so that the latter could investigate outbreaks with a view to safeguarding the public health by controlling the spread of infection. During the three year period of this study the opportunity was taken to give attention to this aspect also and the measures applied came under two general headings, namely (a) exclusion of cases from school and of cases and contacts from food handling employment, and (b) scrupulous attention to personal hygiene.

(*a*) An exclusion period of three weeks was adopted as the routine as it has been shown by previous research that the virus generally ceases to be excreted from the 19th day after the onset of Jaundice. There is however a real difficulty in that it has been also shown that the disease has an "alimentary tract phase" with multiplication and excretion of the virus for a period of up to three weeks before the onset of jaundice but it could be said perhaps that exclusion would be expected to cut subsequent cases by approximately half.

(*b*) The personal hygiene measures adopted were simply those practised when dealing with any alimentary tract infection but the opportunity was taken to reinforce instruction, e.g., in the home or in school. Detailed attention to hand washing especially after using the w.c. and before eating were of prime importance but disinfection of lavatory seats, chain handles and taps was also advised.

Unfortunately it is not possible to assess the value of these preventive measures because of the lack of a suitable comparison, but it can reasonably be assumed that they were of at least some limited value. The principal difficulty is the fact that cases may be actively infectious for up to three weeks before they themselves are recognised as being ill, e.g., by the appearance of jaundice. However it is understood that current research by at least one pharmaceutical firm may soon lead to the introduction of a test which will detect cases in this latent phase; this would be of great benefit as it would allow more effective exclusion of cases from susceptible groups such as schools.

Conclusions

It can be said that this survey has proved a worthwhile exercise demonstrating as it has done:—

1. The overall incidence of infective hepatitis in Coventry and more specifically the age and sex incidence.

2. The probable extent of serum hepatitis as a relatively small percentage of the overall hepatitis incidence.

3. The characteristic clinical picture.

4. The pattern of contact infection, stressing the importance of family infection.

5. The lack of relation to the taking of school milk or school meals.

6. The lack of relation to poor domestic washing or sanitary facilities.

I should like to take this opportunity of expressing my gratitude to the Health Visitors of this Authority for the willing manner in which they accepted the addition to their work load which this survey entailed.

Addendum

The committee will no doubt be interested to learn that the Minister of Health approved the renewal of the Order making the condition notifiable in Coventry for a further period of three years ending 31st December, 1968.

NUMBER OF CASES
50
40
30
20
10
JANUARY
FEBRUARY
MARCH
APRIL
MAY
JUNE
JULY
AUGUST
SEPTEMBER
OCTOBER
NOVEMBER
DECEMBER
1963
JANUARY
FEBRUARY
MARCH
APRIL
MAY
JUNE
JULY
AUGUST
SEPTEMBER
OCTOBER
NOVEMBER
DECEMBER
1964
JANUARY
FEBRUARY
MARCH
APRIL
MAY
JUNE
JULY
AUGUST
SEPTEMBER
OCTOBER
NOVEMBER
DECEMBER
1965

VENEREAL DISEASES

The treatment Centre is situated at the Coventry and Warwickshire Hospital, Stoney Stanton Road, under the control of the Local (Group 20) Hospital Management Committee.

During 1965 there were 1,296 new patients which was an increase on the figures for 1964 of 75. Of these, 1,130 were resident in Coventry.

Regarding the incidence of Syphillis there was an overall increase of two cases as opposed to 1964. The disturbing factor in these cases is the incidence of locally acquired infectious Syphilis which previously had not been a problem of the five cases, in this category three cases were of local origin, (one male and two females). The incidence of late and latent cases shows a further increase, there being 15 of which 13 were male and 2 female.

There was a slight decrease in cases of Gonorrhoea the number of cases being 292 of which 208 were males and 84 females. The total number of patients involved was 253, 175 males and 78 females. The sources of infection were as follows, infected locally 174 males, and 77 females. Infected elsewhere in Great Britain 26 males and seven females. Infected abroad eight males and no females. The nationalities of the new cases of Gonorrhoea were as follows:— United Kingdom males — 113. females — 68. Immigrants males — 59; females — 3. Other European males — 36 and females — 13. Of these totals there were 17 males and 26 females in the age group 13-19.

The incidence therefore is still principally confined to male and female Nationals. Contact Slips were issued to 155 patients and as a result 54 patients attended and were found to be suffering from Gonorrhoea. The reinfection rate was similar to that of 1964, which involved some 31 males and four females.

There was a substantial increase in the number of Yaws, there being 13, eight males and five females, though there was only one case of Lymphogranuloma Venereum.

It is interesting to note that whilst the overall number of new patients remains at a rather high figure, in respect of the non-venereal conditions which may or may not require treatment, there were approximately 250 patients who attended for advice, and had not, in fact, been exposed to infection.

TUBERCULOSIS

Live Register of Tuberculosis Patients

	Pulmonary Cases			Non Pulmonary Cases			Total Cases (All forms)		
	M.	F.	Total	M.	F.	Total	M.	F.	Total
1. No. on Register at 1.1.1965	1,225	752	1,977	137	153	290	1,362	905	2,267
2. Cases notified (or otherwise coming to knowledge) in 1965	121	67	188	24	13	37	145	80	225
3. Cases restored to Register	2	—	2	—	—	—	2	—	2
4. Cases removed from Register 1965	153	112	265	20	22	42	173	134	307
5. No. on Register at 31.12.1965	1,195	707	1,902	141	144	285	1,336	851	2,187

Population

The Registrar Generals' Estimate of population for mid-1965 was 327,120, an increase of 11,450 over the 1964 figure.

The increase is of course mainly due to the boundary changes.

Birth Rate

The number of births registered in Coventry during the year numbers 6,623 giving a birth rate of 20·25 a slight increase over 1964 (20·1) and is in excess of the National birth rate of 18·0 per 1,000 population.

General Death Rate

The number of deaths recorded as being assigned to the City during the year was 2,979 which gives a crude death rate of 9·1 per 1,000 population. This compares with a death rate for England and Wales of 11·5.

Infant Mortality

The number of infant deaths (under one year of age) during 1965 was 148 giving an infant mortality rate of 22·3.

The infantile mortality rate for England and Wales was 19·0 per 1,000 births.

Neo-Natal Mortality

The number of deaths of infants under four weeks of age during 1965 was 109 giving a neo-natal mortality rate of 17·36. The comparable neo-natal mortality rate for 1964 was 14·4 per 1,000 births.

Marriage Rate

The number of marriages solemnised in the City during the year was 2,778 giving a marriage rate of 16·9 per 1,000 population. This compares with 16·6 per 1,000 population in 1964.

Maternal Mortality

No maternal deaths were recorded in the City during the year. The last recorded maternal death was in 1961.

COVENTRY MASS RADIOGRAPHY UNIT

I am indebted to Dr. A. Gordon-Evans for the following report:—

During 1965 our Caravan Unit worked over a wide area covering Coventry, Warwickshire and parts of Worcestershire. The total number of examinees X-rayed was 53,510. During the period 164 sites were visited, which demonstrates the extreme mobility of the present Unit.

Pulmonary Tuberculosis in the Area

There was a further small decline in the number of cases of pulmonary tuberculosis discovered, the total number of cases requiring close clinic supervision or treatment being 28 as opposed to 36 in the previous year. This gave a total overall incidence of 0·52 per thousand. On further breakdown of these figures we find that 24 of these cases were under the age of 45, and 10 of them were in the 15-20 age group. This is contrary to the recent trend of finding more cases at a later age. Two cases of active pulmonary tuberculosis were discovered amongst a relatively small number of Pakistanis (223) which we x-rayed. Although we are now finding a relatively small number of new cases of active pulmonary tuberculosis, the Unit is still very popular with the Public and responses have been extremely good, particularly in industrial surveys, where it is frequently between 80% and 90% of the total who come foreward as examinees.

Other Diseases

(*a*) *Pneumoconiosis*

We only visited one colliery during the year so that the number of cases discovered was smaller — making a total of 20 cases.

(*b*) *Neoplasms*

19 new cases of bronchial carcinoma were discovered. This compares with 17 last year and is, therefore, a slight increase. All the cases discovered were in males.

(*c*) *Sarcoidosis*

We have noticed a slight but steady increase in the number of cases of sarcoidosis discovered since 1962. In total there were 18 cases, 14 in males and four in females. Whether this bears any relationship to the decline in active pulmonary tuberculosis discovered is an interesting point to be considered.

(*d*) *Other abnormalities*

A considerable number of other abnormalities were discovered as listed in Table 4. As usual reports were sent out to the local practitioners concerned and where necessary further advice given by the Hospital service.

Conclusion

The Unit has worked satisfactorily throughout the year with a minimum of technical failures. We have received every co-operation from the Industrial concerns which we have visited, and I should like to thank their Managements and also Chest Physicians and Medical Officers of Health who have assisted in our organisation.

I should like to thank Mr. East, our Organising Secretary, and the staff of the Unit for their devotion to their work and for their pleasant attitude to the Public with whom they are constantly in contact.

MASS RADIOGRAPHY IN COVENTRY

21,470 Coventry residents were X-rayed during 1965, approximately 1,000 less than in 1964. 31 tuberculous and 39 non-tuberculous conditions were referred for further investigation. Twelve of the tuberculous cases were found to be active, an incidence of 0·56 per 1,000. This incidence shows a marked decline. The average for the previous four years 1961 to 1964 being 0·89 per 1,000.

The following table give the breakdown into groups of the total number X-rayed. Table I gives details of tuberculous conditions and Table II non-tuberculous conditions.

Table IA gives details of the number and incidence of tuberculosis in Asians living in Coventry and X-rayed by Mass Radiography. The Asians in Coventry are mainly Indians so that the number of Pakistanis X-rayed is relatively small. The results, however, do show a relationship with those obtained in other parts of the area of the Birmingham Regional Hospital Board, namely that the incidence of pulmonary tuberculosis is higher in the immigrants from Pakistan than from India. Public surveys were held at several sites in the City during April when a special effort was made to attract the Asian people. In fact we X-rayed 495 Asians at that time. In organising this survey we had considerable help and our thanks are due to the leaders of the Asian groups in the City, Sister Verity of the Community of the Holy Name, and Miss Hodges the Health Education Officer of the Municipal Health Department.

Table 1

New Cases of Pulmonary tuberculosis discovered and referred to Chest Clinic.

Group		*Total number referred and final assessment*					
	Number X-rayed	*Total number referred*	*Number per 1,000*	*Number of active cases requiring immediate treatment*	*Number per 1,000*	*Number requiring out-patient supervision*	*Inactive tuberculous lesion not requiring supervision*
1. Organised Groups (factories offices, etc.)	16,630	22	1·32	8	0·48	8	6
2. General Public ..	3,200	7	2·19	2	0·63	2	3
3. Tuberculin positive schoolchildren ..	1,130	2	1·77	2	1·77	—	—
4. Contacts of Tuberculin positive schoolchildren ..	510	—	—	—	—	—	—
TOTALS	21,470	31	2·25	12	0·56	10	9

Table IA

New cases of Pulmonary Tuberculosis discovered amongst Asians living in Coventry — included in Table I.

Country of Origin	Number X-rayed	Total number referred and final assessment					
		Total Number referred	Number per 1,000	Number of active cases requiring immediate treatment	Number per 1,000	Number requiring out-patient supervision	Inactive tuberculous lesion not requiring supervision
India	732	4	5·46	—	—	3	1
Pakistan	108	2	18·52	1	9·26	—	1
TOTALS	840	6	7·14	1	1·19	3	2

Table II

New non-tuberculous abnormalities discovered and referred to Chest Clinic or Hospita

GROUP	Total Number X-rayed	Total number referred and final assessment											
		Number referred to Chest Clinic or Hospital	Number per 1,000	Bronchial Carcinoma	Other malignant neoplasms	Bronchiectasis	Inflammatory conditions	Bronchitis & emphysema	Spontaneous pneumothorax	Pneumoconiosis	Non-malignant neoplasms	Sarcoids	Cardiac conditions	Miscellaneous
1. Organised Groups (factories, offices etc.)	16,630	31	1·87	5	4	7	3	4	1	1	—	2	2	2
2. General Public ..	3,200	8	2·50	—	—	1	3	2	—	—	1	1	—	—
3. Tuberculin positive schoolchildren	1,130	—	—	—	—	—	—	—	—	—	—	—	—	—
4. Contacts of Tuberculin positive schoolchildren	510	—	—	—	—	—	—	—	—	—	—	—	—	—
TOTALS	21,470	39	1·82	5	4	8	6	6	1	1	1	3	2	2

Of the 12 cases of active pulmonary tuberculosis 11 were under the age of 45 years, and, in fact, five were in the age group 15 to 24 years.

There were two active cases in the tuberculin positive schoolchildren. It is interesting to note that both of these were in the follow-up groups and not in the 13 year olds who had recently been Heaf tested. It would seem that it is worth the effort to x-ray annually all positive reactors as long as they remain at school.

Again there was nothing of significance revealed in the contacts of the tuberculin positive schoolchildren. This year it has been decided that we will attempt to X-ray the contacts of the strongly positive children only (Positives III and IV).

NATIONAL HEALTH SERVICE ACT 1948-1965

The following "diary" is not complete, but it does give some idea of material progress in many Coventry Health Department provisions since 1948.

1948 Preparation of schemes under Section 22 to 29 and also 51 of the National Health Service Act.
Re-organisation of Health Department staff to undertake the above work (as also that under the National Assistance Act).
Direct provision of Home Nursing Service transferred from voluntary organisation.
City Ambulance Depot transferred from Abbots Lane to premises of Hospital Saturday Fund (Section 27) — temporary, part agency arrangements.
Plans for Junior Occupation Centre sent to Ministry of Health for approval (Section 51).

1949 8, Park Road, approved as key Training Home for District Nurses (Section 25).
"Meals on Wheels" Service provided by Local Health Authority on 25th July, for up to 100 meals daily (Section 28, National Health Service Act).
Health Visiting Follow-up of Accidents occuring in the Home instituted (Sections 24 and 28).

1950 "Contact Clinic" for child contacts of tuberculosis persons instituted at Gulson Road Clinic (Section 28).
Extensions to Queen Phillipa Day Nursery — 15 additional places (Section 22).
Opening of Sessional Maternity and Child Welfare Clinic, Whoberley (Section 22).

1951 Ambulance Service: Radio-telecommunications Service installed. (Section 27).
Building commenced on Monks Park Day Nursery. (Section 22).

1952 Maternity and Child Welfare Sessional Clinic, Bell Green Community Centre (Section 22).
Opening of Burns Road Occupation Centre (for 60 mentally handicapped) (Section 51).

1953 Pilot Scheme commenced in Cheylesmore area for initial amalgamation of Maternity and Child Welfare and School Health Medical and Nursing Services (1st January).
Monks Park Day Nursery opened January. (Section 22).

1954 Extension of "Amalgamation Scheme". (see 1953).
Sessional Maternity and Child Welfare Clinic opened, Windmill Road. (Section 22).
Broad Street Joint Maternity and Child Welfare and School Health Clinic in advanced state of building. (Section 22).
B.C.G. Vaccination arrangements approved (7th February, 1954) by Ministry of Health (Section 28).

1955 Papenham Green Day Nursery opened, April 13th (Section 22).
"Amalgamation Scheme" completed for Medical and Nursing Staff.
Broad Street Joint Maternity and Child Welfare and School Health Clinic opened (Section 22).
Opening of a Sessional Maternity and Child Welfare Clinic at St. Barbara's Church Hall, Earlsdon. (Section 22.)
Partial decentralisation of Home Helps Service to Bell Green and Holbrooks areas respectively (Section 29).

1956 Occupational Therapy Service commenced for domiciliary tuberculosis patients (Section 28).
Tile Hill Joint Maternity and Child Welfare and School Health Clinic opened (Section 22).
Poliomyelitis Immunisation Scheme started in Coventry. (Section 26.)
Introduction of 2 weeks' Training Course for Trainee Home Helps. (Section 29.)
Sessional Maternity and Child Welfare Clinic, Willenhall, opened. (Section 22.)

1957 Ad hoc transport provision, Home Nursing Service (Section 25).
Extension of further decentralisation plans envisaged for Home Helps to Wyken and Tile Hill (Section 29).
Opening of Yardley Street Occupation Centre. (Section 51.)
Anti-Poliomyelitis Immunisation Scheme continued in line with available supplies of vaccine. (Section 26.)
Health and Welfare Services Handbook prepared and issued in conjunction with Public Relations Department.

1958 General Practitioner Suites opened to complete Tile Hill Health Centre project (Section 21).
Stoke Aldermoor Maternity and Child Welfare Clinic — building commenced. (Section 22.)
Torrington Avenue Adult Training Centre (120 places) — building commenced December.

1959 Stoke Aldermoor Maternity and Child Welfare Clinic completed and officially opened on 25th June, 1959. (Section 22.)
New Torrington Avenue Adult Training Centre nearing completion by the turn of the year. (Section 28.)
P.S.W. arrangement at Tile Hill Health Centre, December, 1959.

1960 New Coundon Maternity & Child Welfare Centre opened. (Section 22.)
Opening of Coventry (Public Health) Senior Training Centre, Torrington Avenue. (Section 28.)
Work commenced on new Maternity and Child Welfare Centre, Bell Green.
Mental Health proposals approved by Minister of Health. (Section 28.)

1961 New Maternity and Child Welfare Clinic brought into use at Bell Green on 2nd October, 1961. (Section 22.)
Extension to Burns Road Training Centre (20 places), opened 2nd October, 1961. (Section 28.)

1962 Short Stay Home (pilot scheme) opened for present maximum of three subnormal children (Section 28).
Negotiations proceeding for opening of interim Special Care Unit (25 places) for severely mentally/physically subnormal children (Section 28).

1963 Work began at Torrington Avenue on construction of Adult Hostel (50 places) and Sheltered Workshops (100 places) for Adult Subnormals, (Section 28.)
Work started on two replacement day nurseries at Bell Green and Tile Hill respectively. (Section 22.)
Special Care Unit (25 places) for severely mentally/physically subnormal children, opened 8th January. (Section 28.)

1964 Torrington House Hostels (25 Male; 25 Female places) and Sheltered Workshops (100 places) opened 14th September, 1964. (Section 28.)

1965 Bell Green and Tile Hill Day Nurseries, respectively, completed and opened.
Finham and Eastern Green Clinics taken over from Warwickshire County Council.
Brownshill Green Child Health Clinic opened.
Atholl Road Child Health Clinic opened.
New Junior Training Centre/Special Care Unit/Short Stay Home (total 55 places) under construction at Henley Road, Bell Green.
Psychiatric Social Club commenced at Queens Road Baptist Church Hall. (Section 28.)
Group Home for Psychiatric Aftercare — this for up to 4 adult females at Blackwatch Road. (Section 28.)

MATERNITY AND CHILD WELFARE SERVICES

1965 was a year of new thinking but some of this will not come to fruition until 1966. The boundary extensions on 1st April entailed providing services for the extra population without extra staff. Clinics at Finham and Eastern Green were taken over with no health visiting staff. One midwife only was gained when a former county district nurse/midwife elected for full-time midwifery in the City. In addition during the year Infant Welfare Sessions were opened at Brownshill Green and Walsgrave. Advertisements for medical staff bring no response except for limited sessional work and it was therefore necessary for some re-orientation. It is a question of ever spreading the same or decreasing staff over a larger field of work. It is no longer possible to adhere to the old aims of seeing children routinely at Toddlers Clinics, and these are more and more becoming special sessions for assessing handicaps, seeing babies "at risk" or dealing with problems. The Health Visitor is now a highly trained medico/social worker and can do much of the routine infant welfare work formerly thought to be the province of a doctor. In those centres where there are several sessions, one or more are now conducted by Health Visitors and the problems referred to doctor's sessions. In this way a better use is being made of the scarce commodity of professional time and the medical personnel has been found for the extra sessions. There is, however, a limit to this process and it does seem likely that a halt to expansion will have to come for the time being.

The planning of a Cervical Cytology Service has taken much time during the year, though it will not start until 1966. This will be the result of the combined planning of all three branches of the National Health Service. A very limited pathological service has been available to local authority medical officers during the year for the examination of cervical smears. These smears have been taken from selected women attending the Family Planning Clinics but cannot be said to have been in any way the start of a screening service.

There have also been meetings in connection with plans for opening the Walsgrave Maternity Hospital and especially the new General Practitioner Unit which will be the first of its kind: that is a larger unit than has hitherto been established for general practitioners and in the same building as a Consultant Unit. There has been little experience on which to draw and Coventry's organisation of such a unit may well be a pattern on which other schemes can be based. The close co-operation of the three branches of the National Health Service is becoming more and more necessary in maternity work. The pattern of "early discharge", that is mothers coming home before the minimum 10 day period over which they must statutorily be under the supervision of a midwife seems established, so local authority midwives will be involved in most cases that were formerly classed "booked for hospital". It is hoped that better planning and co-operation will allow this to be a smooth process and not as formerly a largely unplanned expediency because of inadequate maternity hospital provision. Judgement of the efficacy of these plans must wait until 1966.

Comments on figures are not productive as they are not comparable with former years owing to the population and policy changes. Decreased attendance at clinics of the over two's is no doubt due to fewer routine toddlers sessions. The overall number of sessions held is slightly increased but the number attended by local authority medical officers has fallen and those attended by health visitors increased. The greatest increase has been in those attended by general practitioners on a sessional basis from 29 in 1964 to 438 in 1965.

NOTIFICATION OF CONGENITAL DEFECTS APPARENT AT BIRTH

Sixty-five notifications were received and 18 transfers relating to births taking place at Keresley Hospital. This gives a total of 83.

This is 12·8 per 1,000 total births, a little higher than 1964 which might be accounted for by fuller notification. The pattern follows much the same, i.e. 34 were still-born or died very early from the condition: of these 13 were classed as anencephaly and 10 were hydrocephaly and/or spina bifida. Of the 62 survivors the abnormalities notified were:—

Talipes	19
Digital abnormalities	4
Mongolism	7
Cleft lip and/or palate	7
Hydrocephaly and/or spina bifida	12
Other	13

The numbers are too small for any significant conclusions to be drawn.

NURSERIES AND CHILD MINDERS

There were five registrations for full-time child minding and one transferred from the County on 1st April. Three registrations lapsed. The number of children involved at the end of 1965 was 147 but as this includes the children in the family the actual number of children taken in is less.

The Play Group movement gained momentum and 11 new registrations were granted but three of these never operated. Three were established in church halls or community centre type buildings, the rest were groups of 7 to 15 in private houses. Some groups function five mornings weekly in school terms and these, subject to the limitations of the premises, are run on nursery class lines. Some operate only one or two mornings weekly. They are well supported, usually having a nursery nurse or teacher in charge, and should prove a much more satisfactory side of the Nurseries and Child Minders Regulations Act to administer. It is proposed to appoint an Inspector specifically for the purpose of reporting on registrations, maintaining inspections, and possibly assisting the Education Department in providing the necessary Refresher Courses for keeping the Play Groups up to standard. The present Inspecting Officers cannot cope with the work as it has grown and their nursing or medical qualifications do not necessarily make them the most suitable for the job. They are, of course, greatly concerned with the child-minder type of registration but the difficulty of enforcement and maintaining standards of those registered is well known.

Two illustrations of the ineffectiveness of the legislation occurred in 1965.

1. *Mrs. J.* was registered in 1961 but was never satisfactory. She had numerous unofficial and one official warning with final withdrawal of registration in 1964. As expected, after a period, reports of minding and complaints from parents came in but it was not until 12 months had elapsed after the revocation of the registration that enough certain evidence was available to apply for a Magistrates warrant to enter. The contravention of the Act was confirmed on entry and prosecution ensued. Mrs. J. pleaded guilty and her defending solicitor pleaded mitigating circumstances based on statements made to him by Mrs. J. but which were not true. Thus the fine was £2 but even the maximum fine of £5 would hardly have been a deterrent.

2. A policeman obtained hearsay evidence that a woman in a small back street house was taking in about 30 children. A policewoman was sent to investigate and was admitted to the house by a child of four. She found six children alone in a kitchen/living room and waited for the woman to return, as she said, from shopping. The woman admitted that four children were not her own and said that two Indian girls and two West Indian girls were minded all day for 35s. each per week. When asked for their names and addresses she said she did not know the surnames or addresses. The policewoman

said she must have this information by the next day when she would call again. When the policewoman called the woman gave the names and addresses of the West Indians, but said she was not taking the others back and as she was not now contravening the Act there was no necessity for these details. The Chief Constable passed this information to the Health Department and legal advice was sought about prosecution on the evidence of the policewoman's report, but it was decided that as the parents could not be traced there would be insufficient evidence if the woman denied in court what was stated to the policewoman. Thus a woman who would leave other people's children alone in a house and either not know their names and addresses or, more likely, knowingly would withhold information from the police, was by her very irresponsibility or obstructiveness saved from prosecution.

It is a source of some anxiety that under present circumstances it is impossible to prevent illegal and probably very poor standards of child minding. Parents must, of course, accept some responsibility if they leave children with a woman never having enquired about registration and never having seen the accommodation provided because their access is habitually limited to just inside the front door.

DAY NURSERIES

Temporary war-time nurseries at Whoberley and Wyken were replaced by two new architecturally identical buildings, both on sites adjacent to open spaces and very close to the area clinic and shopping centre. This has improved the amenities greatly and has increased the number of nursery places by 20 as each has been designed on the more economic 50 places instead of the former 40. The site at Tile Hill is less than half a mile from the former Whoberley site and serves the same area. In the case of Bell Green this is one and a half miles away and will tend to serve the Bell Green area more than Wyken. At present the old Wyken Nursery has had to be retained while a major internal reconstruction and refitting of the Windmill Road premises takes place. The Windmill Road Library building, part of which was adapted for war-time nursery use,has been discontinued as a library and the whole building is now available for nursery purposes. The opportunity is therefore being taken to redesign the interior and convert substandard conditions into acceptable ones. Unfortunately, the Government stand-still order has delayed the work and the old Wyken Nursery will need to be kept in use much longer than was originally planned: if it in fact stands up long enough!

The necessity to adjust staff and children to the new areas as well as to settle in new premises has made it a difficult year for the service, especially in view of the continued shortage of trained nursery nurses and the pattern of turnover in which about one-third of non-student staff leave in any one year. During 1965 the Ministry of Health ratified an increase in staff ratios for which all bodies

involved in nursery work had been pressing for a long time. Matrons, in view of their increased administrative work, are not now to be counted in the ratio of one staff to five children. Students are now counted as three equivalent to one staff instead of two. It has not been possible to recruit the additional staff and, in fact, 27 left and 26 were replaced.

For the second year in succession a matron died in office and this of course was serious from the point of view of the service as. The continued loss of staff over the years has now resulted in a dearth of suitable applicants for senior posts. 23 students from the Coventry Nursery Nurse Course sat and all passed the N.N.E.B. examination; 15 of these were trained mainly in day nurseries but only five remained as staff nurses. Several transferred to nursery classes as there was an extension of such provision in Coventry in 1965. Unless training can be extended the situation arises that additional nursery provision of any kind will be obliged to draw from a static pool for staff.

An inspection of training nurseries was made by representatives of the Ministries of Health and Education during the year. It was considered that students from two specified nurseries should not do the full training there as the experience would not be entirely satisfactory. By exchanging with other nurseries full training can be accomplished, but it is a reflection that these nurseries were fully acceptable at the last inspection. A re-inspection will be made in 18 months, but unless the staffing difficulties can be resolved it seems doubtful whether former standards can be regained.

Though the number of nursery places has increased from 435 to 455 the demand for children to be admitted on social and medical grounds continues to outstrip the availability.

There was an epidemic of measles early in the year and an outbreak of dysentery in one nursery. This reduced the average attendance, but did not reduce the number of children on the register.

Attendances

From 1st January-31st May, 1965

DAY NURSERY	Number of Places	Attendances		Total Attendances
		Age 0 to 2 years	Age 2 to 5 years	
Foleshill	70	3,550	3,393	6,943
Stoke Green	55	1,691	2,961	4,652
Queen Phillipa	54	1,576	2,168	3,744
Poole Road	40	1,026	2,105	3,131
Monks Park	50	1,518	2,386	3,904
Whobeerly (Up to 31.4.65)	40	843	1,536	2,379
Papenhan Green	50	1,646	2,333	3,979
Wyken	40	980	1,998	2,978
Windmill Road	36	721	1,243	1,964
Total	435	13,551	20,123	33,674

The total number of attendances during the months of January/May was 33,674 which over the 105 days the nurseries were open gave a percentage of 73·72.

From 1st June-31st December, 1965

DAY NURSERY	Number of Places	Attendances		Total Attendances
		Age 0 to 2 years	Age 2 to 5 years	
Foleshill	70	3,861	4,059	7,920
Stoke Green	55	1,867	3,511	5,378
Queen Phillipa	54	1,633	3,154	4,787
Poole Road	40	1,314	2,633	3,947
Monks Park	50	1,888	2,859	4,747
Tile Hill (From 1.5.65)	50	2,920	2,629	5,549
Papenham Green	50	2,183	3,135	5,318
Wyken	36	1,019	2,488	3,507
Bell Green	50	887	4,136	5,023
Total	455	17,572	28,604	46,176

The total number of attendances during the months of June/December was 46,176, which over the 138 days the nurseries were open gave a percentage of 73·54.

Supply of Welfare Foods

National Welfare Foods, dried milk from a selected list and other suitable preparations are stocked at the Infant Welfare Centres, either for sale, or if, the need is proved, for free issue.

During the year sales to the value of £16,371 7s. 4d. were made at the various centres; this compares with £16,796 13s. 8d. in 1964, and £16,997 5s. 2d. in 1965.

Sales of National Welfare Foods at all Clinics during 1965

National Dried Milk	69,635
Orange Juice (bottles)	91,675
Vitamin tablets (packets)	6,507
Cod Liver Oil (bottles)	6,032

DENTAL DEPARTMENT
M. & C.W. TREATMENT

Year ending December 31st, 1965

The number of preschool children who attended the clinics of this Authority for dental treatment during the year showed a slight reduction but it was possible to conserve more of the teeth of these very young patients. Attendances of ante-natal cases followed the

trend of recent years with a further drop and this is no doubt due to the fact that more expectant mothers attend hospital and private practitioners and none come to the local authority's clinics for ante-natal care.

Cases referred from M. & C.W. clinics comprise only an extremely small proportion of patients attending our surgeries for dental treatment and no seperate sessions are set apart for them. They are included with school children in routine sessions.

NUMBER OF CASES

1965	Number of persons examined during the year	Number of persons who commenced treatment during the year	Number of courses of treatment completed during the year
Expectant and nursing mothers	77	60	48
Children aged under 5 and not eligible for School Dental Service	531	413	386

DENTAL TREATMENT PROVIDED

1965	Scalings and Gum Treatments	Fillings	Silver Nitrate Treatments	Extractions	General Anaesthetics	Dentures provided		Radiographs
						Full Upper or Lower	Partial Upper or Lower	
Expectant and nursing mothers	21	112	—	147	22	6	14	12
Children aged under 5 and not eligible for School Dental Service	2	267	63	713	290	—	—	4

CARE OF UNMARRIED MOTHERS AND CHILDREN

Arrangements for the provision of accommodation for unmarried expectant mothers and subsequently of mothers and their babies, include an agency arrangement with the Committee of St. Faith's Shelter, Coventry. During 1965, 70 mothers and 57 babies were accommodated in this Shelter and for whose care and maintenance the Local Health Authority accepted financial responsibility.

Additionally, the Health Committee has accepted responsibility for the maintenance of 47 unmarried mothers and their expected children in establishments away from the City where there were special circumstances.

	1961	1962	1963	1964	1965
Live Births:—					
Legitimate	5,889	6,042	6,068	5,877	6,120
Illegitimate	380	462	526	485	503
Total	6,269	6,504	6,594	6,362	6,623
% of illegitimate births to total live births	6·06%	7·10%	8·66%	8·25%	7·6%

MIDWIFERY SERVICE
(Section 23)

Training

During 1965 the Central Midwives Board inspected the training facilities in the domiciliary service and a satisfactory report was received concerning the efficiency of the teaching. The number of approved teachers was increased in anticipation of the extension of the midwifery training school at Walsgrave Maternity Hospital. 22 pupil midwives completed training during the year.

Equipment

Gas and oxygen machines have now been approved as suitable for use by domiciliary midwives and supersede the use of gas and air machines. Disposable nursing equipment is being introduced to decrease the risk of infection and to save the time of midwives in servicing and sterilising.

Early hospital discharges continue to increase and the greatest problem presents from those patients who, against medical advice, take their own discharge. Planned early discharges are being absorbed without difficulty as the midwives are expecting them and have confirmed that suitable home care has been arranged.

Staff

Establishment 52, complement 52. Two midwives retired for health reasons and one voluntarily retired at the age of 55 years. One midwife resigned for domestic reasons.

There has been an increase in midwives' attendances at General Practitioner clinics, also Relaxation, Parentcraft and Booking Clinics.

During the year there have been periodic staff meetings at which problems encountered by midwives are considered and, of course, resolved wherever possible. A major question of the moment is — "What changes are envisaged in the pattern of domiciliary maternity care following the opening of the new maternity hospital?" Until the unit has been established and working smoothly, however, it is difficult to assess the potential demand on the domiciliary midwifery service.

Six midwives attended a week-end seminar in Psychoprophylactic Preparation for Motherhood when it took place at Torrington House in April under the auspices of the National Childbirth Trust.

A summary of statistics is given below:—

	1964	1965
Total deliveries	2,851	2,798
Doctor present	320	270
Doctor not present	2,531	2,528
Patients booked for home but transferred to hospital in labour	400	431
Number of visits made by midwives:—		
Ante-natal	31,524	32,536
Nursings	50,032	50,886
Special visits (inc. assessments of homes for confinement)	4,124	4,879
Hospital discharge visits	8,535	10,810
Patients discharged from hospital:—		
10th — 14th day	682	612
5th — 9th day	2,017	2,234
1st — 4th day	819	1,082
Requests for Medical Aid	858	867
No. of times analgesia used	2,389	2,391
Clinics attended by domiciliary midwives:—		
Ante-natal booking clinics at L.A. clinics	696	762
Ante-natal clinics, including G.P. clinics at L.A. clinics, and G.P. clinics at their surgeries	762	821
Mothercraft and relaxation classes	700	752
Fathers classes	13	12

HEALTH VISITING
(Section 24)

TABULATION OF WORK

Visits		
Ante-natal cases		781
Children born in 1965	15,445	
Children born in 1964	11,712	49,998
Children born 1960-1963	22,841	
Casesof infectious disease		1,680
Special cases		8,472
Other social workers		1,951
General practitioners		502
Home conditions reports		140
Ineffective		11,342
Surveys		187
Health education talks		908
Handicapped children		655
Persons aged 65 and over		1,124
Mentally disordered persons		112
Discharges from hospital		168
Pulmonary tuberculosis		2,846
Non-pulmonary tuberculosis		256
B.C.G. follow-up		478
Attendances at Clinics and Schools		
Child health clinics etc.		8,034
School health service		6,460
Chest clinics		303
B.C.G. clinics		107

Four full time health visitors joined the staff and one health visitor rejoined to do part-time. Six successfully completed the health visitors training course.

Seven health visitors left the staff: one for marriage, two for family reasons, one for domestic reasons, one for further training in a related field and one health visitor doing part-time emigrated to Australia. Miss D. Jones who had been a health visitor in Cheylesmore area for 27 years was tragically killed in a road accident in March and she is sadly missed by her colleagues and clients. A memorial fund has been started and we hope to have a bench near Quinton Pool and an annual trophy for the pony club. Her work and her pony club were her two major interests.

From the tabulation of work it can be seen that there has been an overall increase. One outstanding increase is in the field of health education. The major part of this increase has been in school work. 21 schools now have health visitors in regularly for two or more period per week. Letters have been received from head teachers commenting on the value of the health visitors' contribution and asking for more. The health visitors feel there has been a satisfying and rewarding response from the children involved.

More visits have been paid to the elderly. This reflects the closer co-operation between general practitioners and health visitors. The general practitioners are able to put the health visitors in touch with the older people in need. 502 visits have been paid to general practitioners by health visitors during the year. Discussions have been held during these visits which have been helpful to both parties concerned and enabled them to give a more comprehensive service to the community. Requests and information have also been given in many cases over the 'phone.

This overall increase in health visiting has been made possible to a great extent by the employment of clinics nurses who have relieved the health visitor of non-health visiting duties. It is hoped that we shall be able to increase our number of clinic nurses and make the health visiting service even more efficient and economical in the use of professional staff.

Once again we have been pleased to welcome a number of students for experience and observation and again they have departed impressed by the facilities provided for Coventry and the happy atmosphere in which we work. In some cases it may encourage recruitment to health visiting and in others will give an understanding of health visitors' work and will help with their co-operation in the field.

TABULATION OF STUDENTS

Students	*No.*	*Sessions*
Nurses in General Training		
Gulson Hospital	28	56
Coventry & Warwickshire Hospital ..	7	14
District Nurses		
Queen's training	7	11
Social Workers Courses		
Lanchester College	2	40
Oxford University	5	5
London School of Economics	1	18
Health Visitor Courses		
Battersea	3	300
Overseas Visitors		
Jamaica	2	2
Fiji & Solomons	2	2
Student Teachers		
Coventry Training College	2	4
Bristol University	2	4
Psychiatric Nursing		
Central Hospital	7	28

Observation visits have been made by senior girls from several schools, including Barrs Hill, Stoke Secondary Modern, Foxford and Tile Hill. Pupil midwives have also had experience in child health clinics.

The health visitors have played their part in dealing with problem families and make their contribution towards the work of the Co-ordinating Committee which meets once a month. Co-operation with other social workers has shown a satisfactory and steady increase.

They have also taken part in five national surveys of importance one of which was concerned with the National Child Development Study.

Two health visitors attended the Health Education Course at Bangor, eight attended refresher courses and two attended the Psychiatric Course at Ipswich. In-service training has continued and at our monthly staff meetings we have had papers from the health visitors attending refresher and other courses, and a discussion of the statutory and voluntary services in Coventry covering Home Help, Children's Department, Welfare, Public Health, Prevention of Spread of Infection, and the Coventry Council of Churches Voluntary Welfare Service.

HOME ACCIDENTS

	No. notified by Hospital	No. investigated
Burns and scalds	106	127
Fractures	5	17
Head injuries	38	74
Poisoning	50	112
Strains and sprains	4	7
Puncture wounds	—	3
Miscellaneous	22	35
Cuts and bruises	89	100
Fatalities	—	2
Total	314	477

There was a larger number of cases notified or discovered by the health visitor this year and we feel that many more remained unknown.

These figures covered all ages and included those notified by the hospital where treatment was received or discovered by the health visitor on the district.

One of our health visitors has liaison with the Venereal Diseases Clinic at the Coventry and Warwickshire Hospital concerning the follow-up of defaulters and during the year 85 visits were made to various domiciles to try and persuade such persons to re-attend the Clinic for essential treatment or necessary tests.

HOME NURSING SERVICE

The Staff engaged in the Home Nursing Service at the 31st December, 1965 was as follows:—

Superintendent	1
Senior Assistant Superintendent	1
Assistant Superintendents	2
Queen's Nurses, Full-time	27
Queen's Nurses, Part-time	8
Queen's Nurse Students	7
S.R.N. Part-time	7
S.R.N. Full-time	7
S.E.N. Full-time	2
S.E.N. Part-time	1
Nursing Orderlies, Part-time	1
Number of Students trained during the year	7

TRANSPORT

The Transport provision at the 31st December, 1965 was as follows:—

Local Authority cars	3
Privately owned cars	29
Privately owned scooters	8
Privately owned pedal cycles	19

INCO PAD SERVICE

This service, which was inaugurated in May, 1964, continues to prove most valuable in the nursing of incontinent patients. The demand for the service has gradually increased since its inception and commencing in November, 1965, the quantity of Inco Pads being ordered has been increased by 50% in order to meet the demand. Inco Pads are now being used at the rate of 3,000 per fortnight.

With regard to the disposal of used pads, few difficulties have arisen so far. In homes where incinerators are available, pads are disposed of in this way. Where this is not the case, however, it has been agreed with the City Engineer that special dustbins can be stored at his Depot and supplied to a patient on request. In cases where the special dustbins are used, the soiled Inco Pads are wrapped in newspaper before being placed in the bins, the dustbins being emptied on the normal collection visits.

With reference to the difficulties which have sometimes arisen with the emptying of the dustbins, details of these have been given to the Health Department immediately upon our being notified.

DISPOSABLE SYRINGE SERVICE

Disposal syringes and needles were introduced in April, 1965, and these were made available for all types of injections other than insulin. The service was welcomed by the nursing staff and it was felt that this contemporary method would help them to carry out their duties more successfully and efficiently.

Considerable interest has been aroused because of the very rapid developments which are taking place in the field of "disposables" and a steadily increasing range of these items has been introduced. It is anticipated that due consideration will be given to the provision of further disposable items of equipment as soon as this is conveniently possible, e.g. catheters, dressing forceps, etc.
Patients receiving injections in 1965:

Penicillin 11,590; Insulin 36,839; Streptomycin 2,774; Neptal 11,284; Mersalyl 3,289; Cytamin 7,827; Imferon 1,574; Anahaemin 440; Vitamin B 564; Vasolastine 1,356; Rheumatjecta 1,111; Testerone 628; Durabolin 583; Viomycin 540; Jectofer 1,799;

Dimycin 101; Fenergin 10; Calcium 21; Parentrovite 138; Campolon 110; Silbephyline 86; Desferal 51; Vitamin K 146; Progesterone 6; Primulot Depot 209; Thiomerin 64; Leavodosin 333; Cortisone 208; Coliacron 655; A.C.T.H. 1,047; Vaccine 234; Desecron 7; Dramamine 7; A.T.S. 32; Oestroform 236; Myocrisin 130; Andrenalon 444; Sparine 431; Mercarden 13; Ceporin 287; Lanoxin 38; Depomendrone 2; Folvite 17; Tofranil 268; Morphia 1,725; Largactil 455; Heroin 10; Pethidine 1,814; Omnopon 618; Omnopon and Scopolamine 504; Sodium Phenobarbitone 44; Sodium Amytal 1; Sodium Gardinal 75; Gamma Globulin 2; Sustanon 9; Pethilorfan 32; Morphia and Hyoscine 5; Ergometrine 25; Tetralysal 13; Eucortone 200; Atropine 4; Valoid 31; Calcium 5; Folic Acid 7; Aminophylin 4; Myocrisin 8; Digoxin 9.

VACCINATION AND IMMUNISATION (Section 26)

Vaccination against Poliomyelitis

The number completing a primary course of three doses of oral (Sabin) vaccine during 1965 again rose slightly in comparison with the previous year (5,429 in 1965 compared with 5,252 in 1964). Once more the great majority were children under two years of age who were offered protection either at the Child Welfare Clinic or by the Family Doctor on attaining the appropriate age within the approved immunisation schedule. The take-up rate, as far as can be determined by relating the vaccinations performed to the total births occurring during a period, was 64·2% for the most recent period during which such figures can be related. There was also a substantial increase (about 34%) in the number receiving a booster dose prior to school entry.

Although it is desirable that all persons under the age of 40 years should take advantage of this protective measure,a programme of vaccination aimed at young children offers the best protection to the community and the individual as there is no doubt that the pathogenic or "wild" poliovirus circulates most freely among the younger members of the population, especially children under five years of age.

Obviously, the Health Visitor must continue to occupy a key role in health education aimed at young parents, so that no child need go unprotected. The procedure is, of course, extremely simple and quite acceptable to children.

Immunisation against Diphtheria, Whooping Cough and Tetanus

Once more it is pleasing to be able to report an increase in the number of children immunised against these diseases compared with the previous year; this increase related both to primary courses and booster doses. A take-up of 65·5% was observed during the most recent period for which this index can be calculated. Here again, the part played by the Health Visitors is of paramount importance

as the advice which they give on this subject to young parents, both in their homes and at the clinics, probably carries much more weight than any publicity campaign.

Single antigens are used only rarely nowadays having been largely replaced by triple antigen, and towards the end of the year the Ministry of Health indicated that it could see no objection to the giving of oral polio vaccine along with triple antigen, thereby further reducing the number of visits necessary for immunisation purposes.

Vaccination against Smallpox

In 1965 a greater number of children received primary vaccination against smallpox than during the previous year (2,846 compared with 2,474) but the figure is still much lower than for the other recommended immunisation procedures. The most recently estimated take-up rate is, in fact, only 36·2%.

One probable contributary factor is that primary vaccination is now performed ideally during the second year of life (as this is the age at which complications are least likely), by which time many parents may have become less "vaccination minded". It is to be hoped, however, that continued efforts by the Health Visitors, e.g. by reminding mothers when their children reach their first birthday, will lead to a higher proposition of children being protected.

Poliomyelitis Vaccination 1965 Oral

Completed initial course 1st, 2nd & 3rd doses	*Year of birth*					*Others under* 16	*Total*	
	1965	1964	1963	1962	1958—1961			
General Practitioners	337	1,021	210	88	143	45	1,844	5,429
Local Authority Clinics	647	2,269	312	153	184	20	3,585	
Booster (3rd after 2 injections)								
General Practitioners								
Local Authority Clinics								
Booster (4th after 3 injections)								
General Practitioners		63	93	67	1,007	180	1,410	3,933
Local Authority Clinics		63	20	20	2,127	293	2,523	

Poliomyelitis Vaccination 1965 Salk

Completed initial course 1st, 2nd & 3rd injections or 3 injections of Quadrilin	*Year of birth*					*Others under* 16	*Total*	
	1965	1964	1963	1962	1958—1961			
General Practitioners	5	14	2	1	2		24	32
Local Authority Clinics	2	5	1				8	
Booster (3rd injection) or 4th Quadrilin								
General Practitioners		3	9	1	1		14	22
Local Authority Clinics			4	2	2		8	
Booster (4th injection)								
General Practitioners								

AMBULANCE SERVICE
(Section 27)

A considerable step forward for the future operation of the City's Ambulance Service took place during 1965 when work commenced on the new Ambulance Station which, it is planned, will incorporate the most modern technical equipment available. Occupation of the station is being anticipated for late 1966.

A detailed study was requested by your Medical Officer of Health from the Corporation's Organization and Methods Team with a view to ensuring for the future the most efficient administration and control and the ready availability of statistical data. The survey resulted in a series of recommendations being made which will be duly taken into account as detailed planning for the new station progresses. Later in the year, the local authority's Work Study Team carried out a survey and as a result enhanced payments and conditions resulted as well as an implementation of the 40-hour week for ambulance personnel; this without additional cost to the ratepayers. Consideration has also been given to the application of a new system of duty rotas so that our up to date staffing requirements will be duly met.

Statistics

One of the recommendations accepted from the O. & M. report was that of a more simplified form of statistical procedure, this was commenced midway through the year and, for this reason, much of the detail previously supplied cannot now be made available. However, the following table will provide a general indication of the work performed by the Service.

ANNUAL COMPARATIVE STATISTICS

	1956	1958	1960	1962	1964	1957
Total Number of Patients removed	101,305	102,112	109,103	121,137	129,844	129,669
Emergency Patients	4,681 4·6%	4,577 4·4%	5,125 4·6%	5,634 4·6%	6,503 5%	6,672 5·5%
Admissions, Discharges and Out-Patients	96,624 95·4%	97,535 95·6%	103,978 95·4%	115,503 95·4%	123,341 94·98%	122,997 94·5%
Total Mileage per Patient	3·65	3·49	3·53	3·44	2·8	3·5
Total Mileage Covered	370,649	356,614	386,008	417,283	448,855	466,596

Staff

The establishment of the Service at December 31st, 1965, was as indicated below. As a result of the recommendations contained in both the O. & M. and Work Study reports, the establishment will be subject to variation during 1966.

Administrative Staff

Superintendent	1
Deputy Superintendent	1
Control Officer	1
Telephonist	1
Teleprinter Operator	1
Shorthand Typist	1
Clerks	2
Total	8

Personnel on Shift and Day Working

Shift Leaders	3
Deputy Shift Leaders	3
Male Driver/Attendants	64
Female Driver/Attendants	12
Female Attendant	1
Storeman	1
Part-time Cook	1
Vehicle Wash Attendant	1
Part-time Cook	1
Vehicle Wash Attendant	1
Total	86

Maintenance Staff

Chargehand	1
1st Class Mechanics	3
2nd Class Mechanics	2
Total	6

The total of 100 is an increase of five over the 1964 figure.

Training

Full training facilities are not as yet available on the station and staff are being sent to Birmingham to participate in the facilities so kindly provided there.

The report of the Minister of Health's Working Party on Ambulance Staff is awaited in order that an appropriate training programme can be scheduled as quickly as possible.

Mutual Arrangements

After certain adjustments, the mutual agreement with Warwickshire County Council has been accepted for a further term of five years by each authority.

As a result of a review carried out on the controlling of large numbers of ambulances at a single incident (referred to in my 1964 Annual Report) a Dennis ambulance which was due for disposal was converted into a Mobile Ambulance Control. This vehicle provides mobile office accommodation for three persons, and can operate from the mains or indepentently from its own supply. Communications by radio-telephone exist back to main Ambulance Control and forward to walkie-talkie equipment. Portable and fixed public address systems are also available. This vehicle is equipped to provide a medical control centre for any major incident as well as having a potential in the field of health education.

Midwifery Service

The night staff dealt with 3,200 requests for the services of midwives; this is an increase of 14 over 1964.

Vehicles

The operational strength of vehicles at the close of the year was:—

Ambulances	15
"Dennis" converted to a Mobile Control	1
Dual-purpose ambulances and sitting case vehicles	19
Other vehicles	2
Health Department — Special Care Unit	1
Total	38

This includes Fleet No. 51, the vehicle stolen on the 17/18th December, 1965.

Appreciation

Much of the Superintendent's year has been taken up in close consultation with both the Architect and the Main Contractor for the new Ambulance Station in order that both the Service and the Contractor could function on the same very restricted site.

Certain portions of the old Ambulance Station have had to be given up, and working conditions for maintenance and driving staff certainly deteriorated below an already inadequate level, and I pay tribute to my staff for accepting these difficulties in the right spirit.

On behalf of my staff I would wish to express my appreciation of the support given by the Medical Officer of Health and his principal staff, and the Health Committee, during these very difficult times, and for their ready support and acceptance of the many recommendations placed before them. Members of the Ambulance Service look forward in eager anticipation to the completion of the new station in 1966.

MENTAL HEALTH SERVICE

(Mental Health Act, 1959: National Health Service Act, 1946, Section 28)

During 1965 the Coventry Mental Health Services were in a phase which saw consolidation of the developments instituted in recently passed years. There was one quite new development, namely the opening of a Group Home for the aftercare of up to four ladies discharged from Central Hospital, Warwick. In the new developments of latter years a definite pattern of work was progressing strongly; problems were being effectively resolved and good results were showing for the efforts applied. I would refer particularly to the new Hostel and Workshops for subnormal adults and also the Special Care Unit for severely subnormal and handicapped children. In the psychiatric sphere, I would point to the progress made at our Social Club and to the attachment of Psychiatric Social Workers to Group Practices.

One function of the Mental Health Service which goes on quietly and steadily is the 24 hour service provided by Mental Welfare Officers of the Section to assist with the compulsory admission to hospital for observation or treatment of mentally disordered persons. A rota is operated whereby a Mental Welfare Officer is always on call to assist the Psychiatrists or the General Practitioners with emergency admission to hospital or other urgent questions. During the year the number of persons admitted to psychiatric hospitals under compulsory powers rose from 139 to 167, an increase of 20%. This followed an increase in the previous year from the figure of 125. However, the present figure is not much higher than the 1962 figure of 157 compulsory admissions and still constitutes a very small proportion of the numbers who are admitted to psychiatric hospitals from Coventry, most of whom go into hospital by voluntary and informal procedures. The arrangements for compulsory admission under the Mental Health Act, 1959 involve a very close co-operation between the Psychiatrists, the General Practitioners and the Mental Welfare Officers, and these arrangements continue to work very satisfactorily. In addition to helping with compulsory admissions, the Mental Welfare Officers also assist the General Practitioners in arrangements for admission of informal patients, in special circumstances, and during the year 37 patients were helped in this way. The services of the Mental Welfare Officers were also available to the staff of the Central Hospital, Warwick, to deal with special enquiries, including those in evenings or at weekends, e.g. absconding patients, or where a family needs help to resolve an urgent problem.

The Social Workers in the Mental Health Section who undertake these duties, continue to be able to devote the major portion of their time to social work functions, helping individuals and families with a variety of personal and practical problems concerned with either mental illness or mental subnormality. During the year 409 new cases were referred to the Mental Health Section, consisting of 346

cases where the problem was centred on mental illness or emotional disturbance or disturbed family relationships; 36 cases of subnormal persons and 27 cases of severe subnormality.

The main source of referral of new cases continued to be General Practitioners in the City, a demonstration of confidence shown for the Mental Health Service and to the very close method of co-operation which exists; 148 cases referred by General Practitioners, 36% of the total referrals; the next main source of referral was via the hospital service, and 125 persons were referred on discharge from in-patient treatment or after or during out-patient treatment, i.e. 30% of the total referrals and a slightly higher proportion of the total referrals than in the previous year. This is a welcome development because the Mental Health Service aims to give as much help as possible to both the hospital services and the General Practitioners. The Local Education Authority referred 20 new cases and seven cases were referred by the Police and the Courts. A further 102 cases were referred from a variety of other sources.

The total number of office interviews and home visits undertaken during the year was 7,881, and of these 2,831 were in connection with subnormal and severely subnormal persons, and 5,050 in connection with mentally ill persons and those with general mental health and family problems. There was in fact a 10% increase in the number of interviews and home visits paid in connection with subnormal and severely subnormal persons, and a decrease of 7% in the visits and interviews in connection with mentally ill persons. This reflects the increase in the social and family problems of subnormal and severely subnormal persons, now that more are being retained in the community, rather than being admitted to hospital, or are discharged from hospital back to the community, instead of remaining in hospital. The figures also reflect the greatly increased provision which is made by this Local Authority in the sphere of subnormality, in that every subnormal and severely subnormal child or adult in Coventry, who is attending one of the centres or workshops, is able to have the services of a social worker as and when help of this nature is necessary. The same also applies to a number of other subnormal and severely subnormal persons who, although living at home, are not in attendance at one of the Local Authority's centres.

In the sphere of mental illness the Local Authority is making a considerable contribution both in regard to aftercare and in connection with patients who are receiving or have received out-patient treatment, and also in connection with persons suffering from a range of emotional problems, which although not amounting to mental illness, nevertheless still cause considerable personal suffering and distress to families. The provision of a Residential Hostel and Day Care Unit in the Willenhall area of the City has been contem-

plated for some long time and with its provision this could be the means of resolving many problems both in respect of certain post-psychiatric hospital cases and also others from the community.

The Psychiatric Social Club continued to function on one afternoon a week during the year. This club is for persons who, on account of psychiatric and emotional disturbance, are unable, even after in-patient or out-patient treatment, to make effective social contacts. In some cases the disturbance is mild but sometimes it is very severe, and even prevents the person being able to go out of the house at all. In order to meet requests for a more central location the club changed its meeting place from the Pinley Community Centre to Queens Road Baptist Church Hall from the beginning of March 1965, and also changed its meeting time from Monday to Thursday afternoon. The club is under the leadership of one of our Psychiatric Social Workers and it has met the special needs of a small group and efforts are being made to bring this service to the attention of General Practitioners and Psychiatrists, in order that more persons should be able to benefit from the help which is available there.

Towards the end of the year a member of the newly formed Coventry Association for Mental Health kindly gave voluntary assistance, i.e. tea making and also transporting to the Club certain attenders who would not otherwise have been able to be present.

Following discussions with the Physician Superintendent at the Central Hospital, Warwick, a small experimental Group Home for Psychiatric Aftercare was constituted during February in a Council house kindly allocated by the Housing Committee on an estate in Coventry. This can provide furnished accommodation for up to four women who have completely recovered from their mental illness following a period of treatment at the above hospital. The house was previously used as an interim Short Stay Home for mentally subnormal children and the furniture was kindly donated by the Coventry Society for Mentally Handicapped Children. Three ladies who had been in Central Hospital for periods ranging from three to ten years, and who had no relatives to whom they could go, took up residence at the Group Home. They were specially chosen as being suitable for this form of aftercare and having the ability to look after themselves in their new home: they also undertake their own shopping, cooking, and household duties and it is a requirement that they must also be fit and capable of employment in open industry. No time limit is placed on the period of residence and in fact the house can be regarded as constituting their permanent home if they so wish. One of the three women left after three months to undertake residential domestic work in a hospital but the remaining two have continued to live in the house and are now happily settled in the general community. One of our Social Workers visits the house one evening each week for the time being to ensure adequate support to help resolve any problems which may arise and she is also available on other occasions if required.

The arrangements for close co-operation with the Medical and Social Work staff at Central Hospital, near Warwick, continued in the running of the care and aftercare services. The Mental Health Service undertakes the social work for one of the weekly psychiatric out-patient clinics at Coventry and Warwickshire Hospital, Coventry; a Psychiatric Social Worker and a Mental Health Social Worker attend at the clinic to undertake interviews in cases referred by the Consultant Psychiatrist, and for home visits on other days. Referrals for the aftercare of patients discharged from Central Hospital may be made to the Social Workers employed by either the hospital or the Local Authority.

Meetings between appropriate staff of this local authority and the Central Hospital, together with designated General Practitioners, continue at six monthly intervals: this arrangement being in the best interests of the integrated Service.

Because of the rapidly increasing needs of Coventry citizens in respect of psychiatric beds and also because of the inconvenience of serving those members of the population assigned to the Central Hospital, Warwick, which is quite distant from the City, the Coventry Health Committee, in December 1965, strongly represented to the Birmingham Regional Hospital Board the urgent need for a new Psychiatric Hospital within the City boundaries. A Unit of some 42 psychiatric beds to be provided on the site of the new Walsgrave Hospital is quite unrealistic and totally insufficient to meet the urgent requirements of this City.

Meetings between appropriate senior staff — both professional and administrative, take place periodically and these are particularly helpful in ensuring an exchange of information and viewpoints upon a variety of items which have immediate relevance to the development of the Integrated Mental Health Service for Coventry: this latter of course being a major objective to ensure the best service for the community.

The arrangement whereby the Psychiatric Social Workers from the Local Authority are attached to Group Practices of General Practitioners for a weekly session, continued throughout the year. Four Psychiatric Social Workers each spent a weekly session of about three to four hours undertaking interviews on the premises of a Group Practice. The cases helped are selected by the Family Doctors as being in need of the help of a Psychiatric Social Worker and they present a considerable variety of problems, some being former psychiatric patients who no longer require the help of a psychiatrist, while others have not reached the stage of requiring psychiatric treatment. The Psychiatric Social Worker keeps in close touch with the Family Doctor and is guided by him on all medical aspects of the case. The work has an important preventive aspect; some children present symptoms of emotional disturbance in the early stages, or problems which are not severe enough to warrant referral to the Child Guidance Clinic, and they are helped through the work

undertaken with their parents. In addition it has been found that the Psychiatric Social Worker and the Family Doctor can together deal with certain emotional problems of adolescence or adult life which are at a relatively early stage of development: the doctors concerned are unanimous in their appreciation of this special service. Such arrangements have not been carried out so continuously and on such a large scale elsewhere as is the case in Coventry, and it is felt that this development represents an important piece of pioneer work and that it is an essential development within the framework of the community Mental Health Services. It also of course constitutes a new form of co-operation between two parts of the National Health Service and these facilities will be extended as and when the Health Department is able to acquire additional Psychiatric Social Workers.

Two of our Social Workers, Mr. A. Sturdy and Mrs. U. Chisholm, who gave long service to this local authority, retired from the Combined Mental Health and Child Guidance Service during the year and I take opportunity and pleasure in recording my appreciation to them for the valuable work they accomplished while they were with us. We were fortunate in being able to fill these vacancies — one by a Psychiatric Social Worker who undertook duties on three days a week at the Child Guidance Centre and two days a week in the Mental Health Service. The opportunity to work in both aspects of the Service is visualised as a developing arrangement in Coventry. In September we were able to recruit two Psychiatric Social Workers from outside areas to fill other vacant positions — one a senior post in the Child Guidance Service.

In August two trainee Social Workers who had been recruited and seconded under the Corporation's scheme two years earlier completed their training at Lanchester College—one on the Social Work Course. They took up duties the one in the Child Guidance Centre and the other in the Mental Health Section of my Department. Another Social Worker left the Child Guidance Service after completing her two years period following qualification under the trainee social work scheme: she was accepted for the Psychiatric Social Work Course in London by private arrangement.

The recruitment and training scheme adopted by this local authority some time ago demonstrated further satisfactory longer term results when two Social Workers return to the Mental Health Section in September, after successfully completing a 12 months training course in Psychiatric Social Work. At the same time two other Social Workers were seconded from the Department to undertake psychiatric social work training at Liverpool and Birmingham Universities respectively.

It is encouraging to note that as from October 1965, nine of our Social Workers in the Combined Mental Health and Child Guidance Service possessed a qualification in psychiatric social work and this, at a time of nation wide shortage of such workers, surely represents

a considerable achievement and a favourable outcome of the training and recruitment policies pursued within this Municipality.

By the end of the year further arrangements were under way to extend the attachment of Psychiatric Social Workers to Group Medical Practices and, quite soon, we will have eight of these personnel sessionally engaged in this fashion.

The Mental Health Section and the Child Guidance Service continue to provide facilities for students from various universities and training courses to undertake casework under supervision, as an essential part of their training. Priority was given to students from the Lanchester College, Coventry, and two second year students from the Certificate in Social Work course carried out their long training placement of three days a week for six months in the Mental Health Section and a further student from the same course had a similar period in the Child Guidance Centre. In addition two students from the Psychiatric Social Work training course of the London School of Economics spent a week's observation period in the Mental Health Service to learn of the work of a Local Authority Service, and four students from the Universities of Edinburgh, Liverpool, Nottingham and Swansea undertook a supervised casework placement in the Mental Health Service. Seven Psychiatric Nurse Students from Central Hospital spent a day a week for seven weeks undertaking visits of observation in connection with Local Authority Health Visiting and Mental Health Services; and a party of 20 Police Cadets were given a series of talks and visits in connection with the Mental Health Social Work Services and various other Mental Health Services provided by the Local Authority.

The Senior and Junior Training Centre, and the Workshop and Hostel at Torrington House, also made a substantial and valuable contribution to the training of various kinds of students during the year, including Social Work students from Lanchester College, and also students from the National Association for Mental Health Diploma course for the training of teachers of mentally handicapped children. All this constitutes a sizeable aid programme on the part of the Mental Health Service towards the training of a great variety of workers who will surely come to be engaged in the Mental Health Services in various parts of the country.

A well developed Mental Health Service such as Coventry possesses, with a high standard of facilities and a high proportion of skilled staff qualified to undertake necessary supervision, is bound to be much in demand for placements of students and we are glad to be able to help in this way: so long as the arrangement continues not to be detrimental to the routine and other essential work undertaken on behalf of Coventry citizens.

Close liaison continues between the Child Guidance Service and the Mental Health Service as part of the arrangement for the Combined Mental Health arrangement. All Social Workers in the two services (other than Educational Psychologists) are on the staff of the

Medical Officer of Health and, although most are engaged full time in either one service or the other, one or two of them undertake duties in both aspects. This includes our Principal Mental Health Officer who during 1965 and in conjunction with the Senior Psychiatric Social Worker appointed in September — primarily for duties in the Child Guidance Centre — continued to effect a regular link between the two aspects of the Service and also, himself, undertook one weekly session of social work at the above Centre. Social workers from the Mental Health Service who were concerned with families from which a child was undergoing treatment at the Child Guidance Centre, visited the centre for case discussions, as well as providing reports, and were thereby involved in the appropriate treatment plans. These arrangements are continuing to develop satisfactorily and will come to full fruition when the two aspects of the service are working together within a single building: as will be the case when the new Community Mental Health Services Centre is built in the Nunts Park area of the City. A revised schedule of accommodation for this building was agreed between appropriate Municipal Departments and approved by the Ministry of Health and the Department of Education and Science respectively. The financial exigencies at the end of the year were such as may lead to further delay in providing this new headquarters accommodation.

The Joint Mental Health Sub-Committee, which has a number of elected representatives from the Health and Education Committees respectively, and having appropriate professional representation and other appropriate officers in attendance — whether from the Central Hospital, General Practitioners and Local Authority, met on four occasions during 1965. This Committee has the function of co-ordinating the two aspects of the Service and recommending developments along appropriate lines.

In co-operation with the three Consultant Psychiatrists from Chelmsley Hospital and Coleshill Hall Hospital, a clinic was started on the third Thursday of each month, as from June, held at our Hostel, Torrington House. This is known as the Consultants' Subnormality Clinic and is attended by one consultant in the afternoon to see subnormal children, (together with their parents) for special assessments and advice, and by two other consultants in the evening to see subnormal persons over the age of 16. The consultants see, for purposes of aftercare, cases formerly in residence at their hospitals and also children and adults referred by the Mental Health Service. Close liaison has thereby also been established between these consultants and my designated medical and mental health social worker staff and we anticipate that these facilities will develop and extend. The arrangement is most valuable and is generally much appreciated and is proving of great help to those families involved.

At the request of the Coventry Society for Mentally Handicapped Children a course of four weekly evening lectures was arranged during the autumn. Those giving the talks were the Deputy

Medical Officer of Health, the Principal Mental Health Officer, the Supervisor of the Senior Training Centre and the Medical Superintendent of Coleshill Hall Hospital. This series proved to be a well worthwhile innovation in Mental Health Education and was well attended by parents, relatives and friends of subnormal children and adults and by a number of our Mental Health staff also.

The following four subjects were dealt with, i.e. "A Picture of Subnormality"; "Principles of Social Education and Training"; "The Role of the Hospital" and "The Problems of the Family".

During the year the Mental Health Service received valuable co-operation from various voluntary organisations, including the Women's Voluntary Service which helped with the provision of clothing in a small number of cases where there was acute financial hardship. Several members of the Women's Voluntary Service gave personal service of various kinds to families or individuals who had particular mental health problems, e.g. one member has visited the house of a bedridden child each week during four years to provide company and support and to allow the mother to do the shopping. Another member regularly visited an elderly lady whose mental and physical condition prevented her from going out. There is indeed much of value which the Voluntary Bodies can do in support of the statutory services. The Coventry Society for Mentally Handicapped Children, and the West Midlands Regional Office of the National Society for Mentally Handicapped Children have given valuable co-operation, including financial grants in special circumstances to a small number of individual cases, and also financial grants towards outings, parties and a holiday at Blackpool for residents at the Hostel for Subnormals. An additional development in the voluntary sphere during the year was the inauguration of the Coventry Association for Mental Health, which is affiliated to the National Association for Mental Health. The local organisation held a Mental Health Exhibition in the autumn in which the Mental Health Service co-operated by supplying material for exhibition and offering advice in the planning arrangements. The Red Cross Society has co-operated by providing escorts in a few instances for subnormal persons going to holiday or convalescent homes. The Catholic Handicapped Children's Society have also co-operated in helping a number of cases. We are also indebted to the Coventry Family Welfare Association for making financial grants to a number of individuals and families known to our Mental Health Service: this where statutory assistance is not permissible, and the allocation has thereby helped the efforts of our Social Workers towards greater effectiveness.

With a number of cases — mostly concerned with elderly ladies who had become much attached to small pets and who were loath to enter hospital until such time as the animals (usually cats) could receive proper care — the local Cat Protection League has made helpful arrangements and thereby resolved the several problems posed. The League has also helped in those occasional situations where a "surfeit" of cats in particular households has presented a different kind of problem for resolution.

1 BOILER HOUSE
2 TOILET
3 STAFF ROOM
4 KITCHEN
5 STORE
6 ENTRANCE HALL
7 CLOAKS
8 CLASSROOM
9 LAUNDRY
10 BATHROOM
11 ASSEMBLY HALL
12 MEDICAL INSPECTION
13 SUPERVISOR
14 SLUICE ROOM
15 DINING ROOM
16 PLAY ROOM
17 ASST. HOUSEMOTHER
18 CLEANER
19 BEDROOMS
20 DORMITORY
21 LOUNGE / DINING
22 COVERED PLAY AREA
23 GARAGE
CAR PARK
SERVICE AREA
CAR PARK
SHORT STAY HOSTEL
TRAINING CENTRE
SPECIAL CARE UNIT
HOUSEPARENTS FLAT

There is an increasing number of voluntary helpers in the City who are willing to provide service in the mental health field in various ways. As time goes by there will be opportunity, no doubt, to tap this valuable pool of willing aid more effectively.

I would now like to turn to the range of establishments and centres provided by the Local Authority in Coventry for children and adults who are subnormal or severely subnormal. These services provide a comprehensive coverage which may not perhaps be surpassed anywhere in the country in their variety and extent. The ages of the subnormal persons range from the toddlers in attendance at the Kindergarten group at the Junior Training Centre, to the men and women in their 40's and 50's who are attending the Senior Training Centre. In severity of handicap the cases range from the children with a severe degree of subnormality — often associated with severe handicaps — who are attending the Special Care Unit, to the high grade subnormals, some of whom are resident in the Hostel, or in employment at the Workshop, or in the more able groups at the Senior Training Centre. With the exception of the Special Care Unit all our services are now housed in purpose built premises which are most congenial and attractive. We have also a well qualified staff who in bringing concentration and excellent teamwork to their calling, ensure an excellent training programme for the subnormal person in their charge. The level of the provisions will become even higher by the beginning of next year when it is hoped that the new Junior Training Centre/Special Care Unit/Short Stay Home for children will be completed (55 places).

The Special Care Unit for children continued to perform an extremely valuable function, and at the end of the year 25 children were in attendance at this Unit. 15 of these children were able to travel in the coaches which are used for the transport of children to the Training Centres, but 10 other children required the use of the specially adapted ambulance. The children attending the Special Care Unit are too severely handicapped to benefit from attendance at the Junior Training Centre, and a number of them would be in a hospital for subnormals did the parents consent and if vacancies were available. In several cases severe physical handicap is associated with the subnormality. In view of the fact that as yet very few Local Authorities operate such Special Care Units, considerable interest has been roused in the Coventry Unit. Several visits have been made by delegations from other Local Authorities who wish to consider similar provisions in their own localities. Some of these severely handicapped children are very restless and disturbed in their behaviour and our staff have developed skill and tolerance in dealing with them: something which is clearly to the benefit of the children and of much importance to their families.

During the year one 16 year old boy who had attended the Wyken Special Care Unit, had shown sufficient improvement as to walk and feed himself, and he was thereby able to be transferred to the Special Care Group at the Senior Centre. During the year one

girl was transferred from the Special Care Unit to the Junior Training Centre: she having showed some improvement in her condition over a sufficient period of time.

The Junior Training Centre had 85 children in attendance at the end of the year. This figure included 12 children in the three to five years kindergarten group whose progress continued to be most encouraging. The value of earlier admission to a Training Centre, i.e. at the age of three years rather than five, is likely to be marked, with resulting earlier maturation in certain aspects of social training. At present it is not possible to accommodate all such children who would derive benefit at this earlier age, but it is hoped to increase this type of provision as time goes by. During the year several items of "adventure playground" equipment were introduced into the Centre, and these have given the children much pleasure. The outside play area, for the more disturbed group of children, was surfaced with tarmacadam and this was much appreciated by both the children and staff. Open days in respect of children in the Senior group were held and were well attended by parents. Towards the end of the year four children were transferred from the Burns Road Centre to the Senior Training Centre and four children were admitted to Burns Road: the latter having been excluded from schools for educationally subnormal children. The general programme of social education and training continued to be followed with appropriate and measureable gain in the social competence of the children. In this connection it is pleasing to report that a five year old boy, who had been in the kindergarten group at the Centre for two years, made such excellent progress as to make it possible for his transfer to a school for educationally subnormal children. One member of staff returned after successfully completing the Diploma course of the National Association for Mental Health for Teachers of Mentally Handicapped Children, and at the end of the year two other members of staff were seconded to undertake similar courses. Two students from the N.A.M.H. Diploma courses spent periods of five weeks undertaking practical work at the Junior Training Centre.

At the Senior Training Centre there were 109 persons in attendance at the end of the year. During the year there were several new developments and rearrangements of the programme within the centre. In the previous year a "special care group" had been set up and early in 1965, it was decided to divide this group into two subgroups, namely 12 very low grade trainees under the care of two General Assistants and 13 slightly higher grade trainees under the care of an Assistant Supervisor and one General Assistant. The results achieved were very encouraging in that in both the subgroups progress was made in self-help, communication by speech and in general ability. The programme for social training was supplemented by organising several train journeys to Birmingham, thereby giving the trainees a wider awareness of their surroundings. On these occasions the trainees bought their own tickets at the ticket office.

An experimental arrangement was made between the Supervisor of the Senior Centre and the Manager of the Workshops whereby certain appropriate work was sub-contracted from the Workshop to the Senior Centre. This arrangement presented two advantages; firstly it provided an amount of suitable industrial training to supplement the pre-industrial work available in the Centre, and secondly it enabled the Centre staff to give more attention to individuals within the groups, knowing that the remainder of the group were being usefully employed under supervision.

The increase in the range of services provided by this Authority, when the workshops were opened in September 1964, brought with it the need to review the programme and activities of the Senior Training Centre, with particular reference to the place of industrial training. After 12 months experience of the functioning of the Workshop for Subnormals, the training programme in the Senior Training Centre was adjusted to provide slightly more time on social training than on pre-industrial training, the latter involving work which had been sub-contracted from the Workshop. This arrangement proved to be very satisfactory and permitted the staff to give more individual attention to the trainees. In order to make adequate provisions for those trainees who are not in need of further social training, but who are not suitable for transfer to the Workshops, it was decided to operate a small "Workshop" within the Senior Training Centre: this group continues to receive a small amount of social training. On the recreational side, the staff organised a "Sports Week" and most of the trainees took part in these activities. In September a Garden Party was arranged which proved most successful and from which the Lord Mayor of Coventry's Appeal Fund for Mentally Handicapped Children benefitted — as also did the Wayfarers Youth Club.

Considerable stress continued to be placed on providing the trainees in attendance at the Centre with a variety of social experiences in order to broaden their horizons and increase their social competence. The trainees visited the new Coventry Railway Station, the Civic Airport, the Coventry City Football Club Training Ground and the Cattle Market at Rugby. The links of friendship which had been established with a comprehensive school in Coventry continued when a social afternoon was held at the Centre: 25 boys and girls from the school joined the trainees. This hospitality was reciprocated when 25 of the trainees visited the school on another occasion for lunch. Such contacts are of great value from the point of view of public education in the field of mental health. The development followed a talk which the Supervisor of the Centre gave to a group of children who were about to leave the comprehensive school, and subsequently a link was established and fortnightly visits have continued to the Centre by a group of boys and girls, during which they play football or netball with the higher grade trainees. A group from the school also join in the social activity at the Centre once per month. In addition to providing these children from the comprehensive school with a greater understanding of the abilities and needs of subnormal persons, and their place in the

community, the contacts also benefitted the trainees at the Centre, who in turn derived much benefit from the social interchange. In April discreet shots of the work of the Transitional Group at the Senior Training Centre were included in a short educational television feature film depicting some of the facilities available for the mentally handicapped in the West Midlands Region.

The Wayfarers Youth Club continued to meet weekly on one evening and this has proved to be a very successful venture. The Club is run independently of the Training Centre and has been granted the use of part of the premises at agreed times. The Club is affiliated to the local Education Authority scheme of Youth Clubs and Community Centres, with special permission to increase the age of membership. Members of two local Youth Clubs join in the activities, and assist in the running of the Club through a Committee which is composed partly of subnormal persons and partly of members of the Youth Clubs. At the end of the year the membership of the Wayfarers Club was 120, including 20 normal persons and it had an average attendance of 90. Many of the subnormal members of the Club attend the Senior Training Centre by day but some of them are former trainees at the Centre and are now working in open employment: they still have need, however, of the special facilities provided through the Youth Club. The Club Committee formulated an Awards Scheme similar to the Duke of Edinburgh's Award Scheme but on more simple lines, and the scheme was approved by the Coventry Youth Committee. During the summer holiday the members of the Wayfarers Club were invited to a Sports Meeting with the Henley Club for Mentally Handicapped Young People at Kettering and brought back most of the prizes. A visit to the Peak District by 70 members of the club took place as part of their Annual Outing.

Two members of the staff of the Senior Training Centre were seconded to training in some of the Diploma courses run by the National Association for Mental Health.

This was the first full year's working of the Torrington House Workshops for adult subnormal persons. These Workshops commenced to operate in September 1964, and the official opening ceremony, performed by the Baroness Gaitskell, took place on 3rd May, 1965. By the end of December some 66 persons were employed at the Workshop and during the year steady progress was made in increasing the industrial activities there. A variety of new contracts were obtained including a regular weekly job of packing cables for a local motor cycle company; a local plastics firm supplied a large amount of work including drilling, tapping, trimming and sorting a wide variety of plastic components used in the electrical industry: this has proved to be ideal for the subnormal employees. The firm concerned has supplied the Workshop with two machines but to enable the Workshops to keep up with production a new bench drill had also been purchased and this can be adapted for a variety of jobs as necessary. Other new contracts obtained concern such jobs as packing bearings for cars and cutting electric cables to a given

length. These examples quoted show the variety of work which is being undertaken at the Workshops and which has given a wide purview of interest to those employed there. The policy adopted of doing contract work only was felt to have met with considerable objective and economic success during its first year of operation. There was an average attendance of 55 employees throughout the year. Some of the approaches made by the Manager of our Workshops to Industrial Firms with the purpose of obtaining contracts result also in suitable open employment being found for certain of our workers who, with sympathetic handling, eventually achieve an adequate degree of competence. There were several such successful instances during the year and one particularly interesting example was the acquisition of a new contract for ribbon-blocking from a firm of dyers and finishers in the locality of the Workshops, who also supply the machinery. This work is particularly suitable for our female section and moreover it is likely that the firm concerned may engage two of our female employees within their own organisation when they are fully trained in the operative procedures.

During the year 17 of the employees in the Workshops were placed in open employment, i.e. nine men and eight women. Although it was not considered to be the major function of the Workshops to prepare our subnormals for work in open industry nevertheless objective experience demonstrates that we cannot discount the considerable benefits and uplift to morale which such employment has for some of them. Bearing this in mind, however, it is necessary to ensure that appropriate subnormal persons should achieve pre-industrial experience of working conditions which at least closely resemble those pertaining in industry, and which will provide the opportunity for regular hours of working on a productive basis. Such conditions are provided both in our Workshops and Senior Training Centre. Inevitably this trend for some of the more able persons to take up jobs in open industry has resulted in a wider spread of lower intellect employees remaining at the Torrington House Workshops and this in turn has effect on the kind of contract work which can be undertaken at the Workshops. However, the situation must be accepted objectively since it is clearly desirable that any subnormal man or woman who is capable of undertaking amenable open employment and earning the appropriate rate for the job, should be given the opportunity to do so. It can therefore be concluded from these remarks, and from the developments which I have reported upon above that the Senior Training Centre and the Workshops have complementary functions, although the one of course, has a specialised approach to part of its functions which is not applicable to the other. Experience, moreover has pointedly demonstrated the advantages to be derived from the two establishments (as indeed our Hostels also) being situated within the same curtilage.

The Torrington House Hostels for subnormals were also officially opened by Baroness Gaitskell on the 3rd May, 1965,

although the first residents had been accepted in the preceding September. At the end of December 1965, there were 37 persons in residence at the Hostel, some of whom had previously been hospital paitents for very long periods and who were now making surprising progress in their adaption to complex community living. For example, there was the case of a lady who on admission to the Hostel was unable to use money or travel by public transport, but who quite soon after admission to our Hostel obtained outside employment in a local laundry. She is coping very well and is having no difficulty in travelling — in fact her progress was such that she was able to earn a weekly bonus for good work.

A great deal of freedom is permitted to the residents and the rules of the establishment are minimal. The majority of the residents settled in admirably to the new surroundings and have gained much confidence and more self-assurance. Many who were at first greatly dependent upon the staff, are adapting quickly and showing greater independence. Every attempt is made to make all our residents feel part and parcel of the larger community.

For a temporary period until the local authority's purpose built short stay home for subnormal children is completed, the Torrington House Hostel continues to be used to provide short stay care for up to four children whose parents are either ill, or who wish to go on holiday or who are in need of a rest from the continuous duty of caring for the child. A period of up to three weeks may be spent by a child at the Hostel and 32 children under the age of 16 were accommodated in this way in 1965. In addition the Hostel has been able to help by caring for children in special circumstances for day time periods of care. Four places are also available for adult subnormals to have short stay care of up to three weeks and 26 persons were admitted for this purpose in 1965.

Of the 36 long stay residents who were in the hostel at the end of the year 14 had engagements in appropriate industrial or non-industrial occupations; 20 were in some form of sheltered employment (mainly at the Workshops) and two residents attended the Senior Training Centre.

Admissions to the Hostel during the year came either from hospitals for subnormals or from persons living in the community in circumstances where their families were no longer able to care for them adequately for a variety of reasons: including death or deterioration in health of a parent or of a marked change in the social circumstances. It was to be expected in the course of trial and error that a few subnormals because of a deterioration in their behaviour or difficulties of adjustment had need to be returned to hospital — and indeed this was so. The great majority however, orientated to their new environment to such extent as to indicate that they will be able to live permanently in the open community. The co-operation which we have received from the medical staff of the area hospitals for subnormal persons has been greatly appreciated.

A variety of recreational facilities is provided for the residents at the Hostel, e.g. games, television, special activities of various kinds or indeed there is every facility for them simply to enjoy their own privacy. Under the direction of the Matron a number of the female residents have been helped with simple cooking and baking, and others with undertaking knitting and embroidery. Attempts were also made to teach some of the residents rudimentary reading, writing and counting. Many of the residents have gained such confidence as to move freely about the City visiting cinemas, dances, football matches and other places of entertainment. In order to give them as varied a life as possible and particularly those who are not so capable of developing their own social activities as others, a series of outings to various places of interest both near and far were arranged for the residents, e.g. Blackpool Illuminations, London Airport, Alton Towers and local pantomimes. A particularly memorable and enjoyable event was when 27 residents and four members of staff went on a week's holiday to Blackpool in April. Various parties were also arranged for our residents at the Hostel during the year.

Most of the residents have now taken up contacts with their relatives and, in some instances this has meant a first meeting in many years. Our Mental Health Social Workers have played their important part in helping to achieve this end. By the turn of the year the Hostels had clearly demonstrated their valuable and intended function, namely, to help orientate the residents fully within the community. At the end of the year there were a few places available for men but all vacancies for women had been filled: indeed, a short waiting list of three or four persons then existed.

Perhaps, at some later date, due thought could be given to the possibility of a small number of our residents being accommodated in suitable and sympathetic households within the City or its nearby environs. This arrangement could possibly benefit them and the suggestion is worthy of careful consideration.

The Coventry Society for Mentally Handicapped Children has continued to give most helpful support in a number of supplementary ways and I take genuine pleasure in thanking its Committee and Members for the varied assistance which they have provided during the year. Thanks are also due and willingly extended to a number of other voluntary organisations including the Catholic Handicapped Children's Society, the British Red Cross Society, the Women's Voluntary Service and to the more recently established Coventry Branch of the National Association for Mental Health, for their continued helpfulness in 1965.

To all those members of my staff who operate in the quite wide field and interests of mental health I offer my thanks for the valuable and extensive work which they have undertaken throughout the year. Various departmental members have given talks on mental health subjects to a number of organisations or groups of citizens and this is valuable work in that it helps to provide for the public a better understanding of what is being achieved within the City.

Your Medical Officer of Health continues to attend the respective meetings of the House Committee and Medical Staff Committee at the Central Hospital, Warwick and finds these assignments most valuable in achieving the helpful liaisons which are so essential in achieving a more complete understanding between the hospital and local authority administrations: likewise the liaison meetings which take place periodically at the Coleshill Hospital.

Great interest has continued to be shown throughout the year in the development of the Coventry Mental Health Services — both in those provided for mentally subnormal persons and for those citizens suffering from or under rehabilitation from mental illness. We have had a variety of visitors from several overseas countries and from many parts of the United Kingdom to witness the achievements in this City in this field of work and to discuss a number of mental health developments with us. This surely is indicative of the considerable progress which has been made in Coventry and it brings not a little added satisfaction and encouragement to those many members of my staff who are engaged in Mental Health work.

The links which my department has both with the Hospital and General Practitioner Services in mental health work have been further strengthened during the year under review. It is with real pleasure that I acknowledge the intense co-operation and assistance which my staff and I receive from our Psychiatric colleagues and their associate staffs at the Central Hospital, Warwick, and likewise from those at the Chelmsley and Coleshill Hospitals respectively. It is always a pleasure to work with them, for their genuine interest and support in the development of our services is apparent and this provides an added stimulus to our endeavours.

STATISTICAL SURVEY OF THE DEPARTMENT OF PSYCHIATRIC SOCIAL WORK

JANUARY 1st — DECEMBER 31st, 1965

	Total	In-Out Patients		Children	Coventry	Nuneaton	Solihull & North	L'ton & Warwick District	Strat. District	Rugby District
1. (a) Total number of cases dealt with in period.	1,567	1,334	141	92	798	38	45	382	128	176
(b) How many of these had been seen previously.	548	508	26	14	308	11	12	138	28	51
(c) Total number of all visits (home or authority).	2,979	2,688	188	103	1,629	81	64	631	186	388
(d) Total number of interviews in O.P. clinics.	1,035	815	106	114	603	6	12	133	135	146
2. How many were:—										
(a) Social Histories only.	196	158	19	19	69	6	7	56	21	37
(b) Social Histories and other work.	316	263	11	42	177	6	6	47	30	50
(c) One interview only (other than Social History).	246	180	36	30	146	3	3	42	21	31
3. How many cases involved four visits, or more.	289	272	13	4	183	12	6	49	7	32
4. How many cases involved four clinic interviews or more.	131	118	6	7	100	—	3	10	6	12

Patients referred to the Coventry Mental Health Department directly after In-Patient treatment: 19.

Patients referred to the Coventry Mental Health Department during or after Out-Patient treatment: 78.

REPORT OF THE PSYCHIATRIC SOCIAL WORK DEPARTMENT FOR THE YEAR 1965

Mr. Gottlieb, Senior P.S.W. at the Central Hospital, Warwick, reports:

In June, 1965, Mrs. Bennell, who had been on our staff for over two years, left to take up a position in Staffordshire as her husband had changed his employment and they had to move to that area. We are glad to report that Mrs. Bennell has now also decided to apply for further training in a Mental Health Course, and we wish her good luck in this new venture. Her position remained open until October when we appointed Mrs. Riley. She is the first Social Worker in our department to have been through the General Course for Social Work Training at the Lanchester College in Coventry, the course from which we also have had a number of students over the last two-three years. We hope Mrs. Riley will be very happy with us.

Our statistical survey shows a total case-load which is similar to that of last year, but the total number of visits and interviews has gone up very much. There has been a tendency for our work to become more intensive, a development which we welcome greatly. We give the number of patients directly referred to our Coventry colleagues at the end of our survey.

There have been a number of cases where the general co-operation with our colleagues in Coventry and the County has led to closer personal co-operation between several of our Workers. There was an interruption in the regular meetings between our Warwickshire colleagues and ourselves owing to illness and staff changes on their side, but lately we have been able to take up these fruitful meetings again.

Once again we would like to express our thanks for all the help and co-operation given to us by the staffs of the hospital and the Local Authorities with whom we work. Miss Rose and her clerical colleagues in our department have had an even heavier burden of work owing to the far greater number of reports and histories required, but they have been able to cope with this in their usual quietly efficient way.

HEALTH EDUCATION

It is with regret that I have to report that Miss P. G. Hodges, Departmental Health Education Officer, left the Department on the 21st December, 1965 to take up a similar post with the new London Borough of Tower Hamlets. Miss Hodges, who came to the Coventry Health Department in April, 1963, was the first Health Education Officer appointed by this Authority and thus had the challenging task of organising, on a formal basis the health education activities of the various sections of the Department. This task she tackled with considerable vigour and enthusiasm and she very quickly established vital relationships with all persons working in the field, not only in the Health Department but also in other Corporation Departments and with voluntary organisations.

During the year the health education activities of the Department continued to develop along the lines envisaged in the previous two years and commented on in the appropriate annual reports. Further efforts were made to promote co-ordination of activities among field workers so that each worker participated in a planned programme of health education with clearly defined objectives and simple attempts at evaluation. As in recent years, particular emphasis was laid on such subjects as parentcraft, the hazards of smoking, and sex education (with information regarding venereal diseases), but attempts were made to present these subjects in the widest possible context so that they might be seen as part of the pattern of contemporary living. In particular, formal didactic attitudes were avoided, a non-authoritarian approach generally adopted and the dynamics of group discussion techniques utilised wherever possible.

The following is a brief summary of the direct health education activities carried out during the year:—

Talks given by the Health Education Officer

Personal relationships (including sex education and V.D.)	28
Hazards of Smoking	21
Parentcraft	21
Personal Responsibility for Health*	20
Work of the Health Department	19
Resuscitation (of the apparently drowned, etc.)	11
Home Accidents	10
Mental Health	9

*This general heading is used here to cover those subjects such as personal hygiene, maintenance of health at different ages, etc., which have, as a common factor, the exercise of personal responsibility for adopting a healthy mode of life.

Talks given by Health Visitors

1. In Local Authority Clinics:—

Parentcraft Mothercraft Fathers' Groups Toddlers Behaviour Problems	163 sessions

2. In Schools:—

Parentcraft	132 sessions
Personal Relationships	
Elementary Home Nursing	
Nutrition	
Foot Care	
Resuscitation	

3. With Youth Groups:—
(Including youth clubs, girl guides, S.J.A.B., Red Cross, Life Brigade, etc.)

Personal Relationships	62 sessions
Hazards of Smoking	
Personal Health Responsibility ..	
Resuscitation	

4. Duke of Edinburgh Award Schemes .. 22 sessions

5. Others:—
(Including sessions with old age pensioners) 26 sessions

In addition to the above, the domiciliary midwives conducted 12 sessions per week for relaxation exercises and education for parenthood with a monthly session specially devoted to fathers, and the district nurses took every opportunity to impart hygiene advice at the bedside, taking advantage of a situation in which the patient was especially receptive to health advice.

In general it can be said that careful consideration was given to matching the health education material with the audience, not only in respect of the subject matter but also with regard to the method of presentation; in particular certain talks (such as those on the hazards of smoking and the dangers of V.D.) were aimed at carefully selected age groups so that the maximum impact of the "message" would be felt at a time of life when it was considered that the individual might shortly be at risk.

PREVENTATION OF ILLNESS CARE AND AFTER CARE (Section 28)

Tuberculosis

It is gratifying to be able to report the continuing decline in the incidence of pulmonary tuberculosis, the number of new cases notified to the Department during the year being 109. Of these only 33 were in the under-25 age group and once again the highest incidence was among middle aged men, a very different picture from pre-war days when Tuberculosis tended to affect young people, especially young women. It is probable that many factors have contributed to this shift of the peak incidence, but there is no doubt that the general improvements in living standards, e.g., better housing, sound nutrition, etc., have increased the inherent resistance of young people to this infection, and more specifically, a planned programme of

B.C.G. vaccination has conferred a considerable measure of protection upon school children prior to the age of macimum vulnerability.

Twenty-seven of the notified cases were Commonwealth immigrants (16 Indians, nine Pakistanis, one Caribbean and one Chinese) a further one was a European immigrant. As the probable number of Indians and Pakistanis in the City is a little over 4,000 these figures indicate a relatively higher incidence of pulmonary tuberculosis in these two groups than in the indigenous population.

Number of persons receiving milk at 1st January, 1965	181
Number of additional persons allowed milk during 1965	55
Total number of persons who received milk during 1965	236
Number of Persons receiving milk at 31st December, 1965	177
Cost during year ended 31st December, 1965	£3,234 14s. 3d.

OCCUPATIONAL THERAPY

The Occupational Therapy Service continued successfully in 1965, although a long period of sickness prevented the Occupational Therapist from making the usual number of domiciliary visits.

During this period, housebound patients who required materials only were able to obtain them through the Health or Welfare Visitors.

The Group Therapy sessions at Gulson Clinic continued with the assistance of the Welfare Department.

Patients who are able to visit the office for materials continued to do so.

No new crafts were available during 1965, but an extension of one craft, mosaic work, was possible. Many new ideas were carried out. Smaller items such as ash trays, fruit bowls and table lamps made in mosaics are most suitable for the bedridden patients. These patients were previoulsy denied the benefit of this craft due to the size of the articles to be made.

It was decided to hold the annual party for patients in the New Year, instead of before Christmas 1965.

No. of patients remaining in scheme from 1964	82
No. of patients left scheme during 1965	55
No. of patients in scheme at 31st December, 1965	74
No. of visits to patients during 1965	532
No. of visits by patients to office during 1965	584
No. of patients attending group therapy sessions in 1965	37
Total group therapy attendances by patients during 1965	664

CONVALESCENCE

The City Council has accepted financial responsibility for hospital patients needing essential recuperative convalescence following their treatment. Such cases are recommended by the consultant staff and passed to the hospital almoner for allocation to acceptable convalescent homes.

All applications are scrutinsed by the Medical Officer of Health prior to recommendation to the Health Committee.

Eighteen applications were approved as a charge on the Health Committee. These 18 cases were accepted for periods of two, three or four weeks' convalescence in various seaside homes and of these three were granted an extension of the original period based on further medical representations.

The cost of the maintenance of these patients to the department during the current year was £208 4s. 0d.

In 1965, travelling facilities were provided by way of rail or bus fares at a cost of £48 3s. 3d. This amount included £2 11s. 0d. for relatives' travel and £5 2s. 0d. for escorts' travel.

A comparison of the extent and the cost of these services in the last two years is as follows:—

	1965	1964
Applications for convalescence received	19	22
Applications for convalescence approved	18	22
Applications for extension ..	3	4
Cost in maintenance in convalescent homes	£208 4s. 0d.	£364 1s. 0d.
Travel facilities provided i.e., No. of patients	10	12
Cost of travel including relatives and escorts	£48 3s. 3d.	£140 14s. 3d.

HOME HELP SERVICE

(National Health Service Act, 1964, Section 29)

As will be appreciated the Home Help Service has been provided for persons who are in genuine need through illness, infirmity and old age or because of impeding or recent confinements and bearing in mind the calls on this Service during the year it has responded reasonably well.

Succeeding years have produced a steady increase in the demands on the Service and it is interesting to recall that at the end of 1948 90 Home Helps (some full-time and some part-time) were employed as against 557 employed at the end of 1965.

As a result of an O and M Review during 1965 there was some measure of re-organisation. The number of Districts was reduced from 11 to 8 with a corresponding reduction in Area Organisers working from Offices as follows:—

Central	Argyll Street
Wyken	Argyll Street
Bell Green	Housing District Office, Hall Green Road
Holbrooks	The Community Centre, Masser Road
Radford	The Community Centre, Masser Road
Allesley	The Youth Centre, Allesley
Canley	The Housing District Office, Torrington Avenue
Earlsdon/Willenhall ..	The Housing District Office, St. James' Lane

The accommodation at Holbrooks is of a temporary nature but despite strenuous efforts no suitable alternative premises have yet been found. Accommodation for the Allesley Office has been made available at the Allesley Youth Centre (the former Allesley Church of England School) but this is a little "off-centre" and efforts are being made to obtain more suitably situated premises. The multi-purpose building at Jubilee Crescent is in the course of erection and will in due course provide a very suitable office for the Radford area.

The use of Tudor House was discontinued in December 1965 and the Home Help Organiser's office is now at the Council House.

During 1965 the total number of cases provided with help was 2,746 in the following categories:—

Over 65 years	1,876
Chronic Sick	121
Mental	31
Maternity	374
Others	344

These figures indicate that just over 68% of the cases assisted are elderly and many of them, were it not for the visits of the Home Helps, would be very lonely which all too often is one of the problems of ageing. The work of the Home Helps in this connection is invaluable. Their cheerfulness, understanding, tolerance and capabilities do much to brighten the lives of these elderly folk. It may be that some of their duties are unpleasant but these are accepted and dealt with ably and happy relationships are established. This, as will be appreciated, is especially valuable to those assisted who have no relatives.

Moreover, the Service undoubtedly assists in enabling elderly folk to continue to live in their own homes and enjoy the independence which this brings.

The assistance afforded in maternity cases is much appreciated and where there are other children in the house, a mother can rest assured that their case is in capable hands. Many of the Home Helps keep in touch with their cases and it is no unusual thing to receive a request for the "Home Help I had before".

In cases where a mother is absent from home through illness or other circumstances, it has been possible to care for her children at home and thus reduce family disruption to the minimum. The Home Help becomes part of the family for the time being.

Unfortunately it was not possible to make provision in the 1965-66 estimates for the contemplated laundry service (already approved by the Health Committee) to ease the burden of the Home Helps caring for chronic sick incontinent patients. As I have previously stated in many cases modern washing machines are not available in the homes of persons assisted by the Home Help Service and laundering has often to be undertaken in what might well be described as primitive conditions. The institution of a Laundry Service of the type envisaged would take some of the drudgery out of the Home Helps' work and would enable them to be deployed to better advantage.

The employment of Male Home Helps to deal with difficult elderly male participants in the service and to undertake the very dirty jobs which it is not desirable should be undertaken by women continues to prove its worth.

Moreover, the Night Care Service which operates on a limited scale is providing attendance during the night hours for seriously ill persons without relatives or friends to assist them, and to relieve, in exceptional circumstances, persons who already provide this service for their relatives or friends is very worthwhile and should be increased when circumstances permit.

Staff employed at the 31st December, 1965.

Home Help Organiser and Area Organisers (whole time)	10
Clerks (whole time)	7
Clerks (part time)	2
Home Helps (whole time)	17
Home Helps (part time)	540
Home Helps (whole time equivalent)	296·4

CHIROPODY SERVICE

(Coventry Corporation Act, 1958, Section 72)

The Director of Welfare Services has provided me with the following comment:—

"In these days when 'community care' is so emphasised, the need for elderly folk to be as active as their physical and mental capacity will allow is of paramount importance. Thus a service which can aid mobility is invaluable.

One of the most common causes of immobility in elderly people, with its consequent dependence upon others, is foot trouble and it is satisfying to know that with the coming into operation of the Coventry Corporation Act, 1958, which anticipated the general provisions which came into force later, the Council became empowered to provide a Chiropody Service for aged and necessitous persons. The Council delegated its powers to the Welfare Committee and the service which commenced on the 1st March, 1959, now operates under the following conditions:—

(a) As a free service for aged and necessitious persons as defined in the Act.
(b) The service provides for the giving of treatment to both ambulant and house-bound cases.
(c) The chiropodists employed are State Registered chiropodists as defined under the Professions Supplementary to Medicine Act, 1960, and the regulations made thereunder.

This service has proved a boon to elderly people and there has been a progressive increase in the number of new applications.

The number of participants at the 31st December, 1965, were:—

Surgery cases	1,316
Domiciliary cases	1,325
	2,641

Up to the present time the chiropodists employed have been those engaged in private practice and they have been remunerated on either a 'per capita' basis or on a sessional basis, whichever has been appropriate but consideration is now being given to direct full-time employment of chiropodists by the Welfare Committee."

MEALS FOR THE SICK AND AGED

(National Health Service Act, 1946, Section 28)

The Director of Welfare Services comments:—

"The Mobile Meals Service in Coventry, understood to be the first municipally operated Service in the Country, was inaugurated in 1949 and has been so extended in its operation, that the average number of meals supplied each week day is now 306 against 74 in 1949. Additionally, 15 to 30 meals are supplied on Saturdays and rundays to recipients who even at week-ends cannot otherwise obtain Seasonable hot meals on those days.

When Sunday meals were first commenced the Welfare Committee kindly agreed for the time being to provide meals from one of the Old People's Homes since the Catering Department's kitchens were not open on Sundays. Staffing and other difficulties made this arrangement difficult to continue and with the very helpful co-operation of the Medical Officer of Health Sunday meals are now provided by the Torrington House Hostel.

The total number of meals supplied since the inception of the service is over 624,000 a formidable total.

The following details relate to the activities of this service in 1964 and 1965.

	1964	1965
Total number of meals supplied	73,242	79,964
Average number per day (i.e. five day week) ..	261	306
Cost of purchasing meals	£7,303 13s. 2d.	£7,964 11s. 4d.
Contribution from recipients	£572 10s. 8d.	£913 16s. 10d.
Net Cost	£6,731 2s. 6d.	£7,050 14s. 6d.
Total number of Persons attended	624	724

Extensions to the service have been made and more are contemplated.

The change-over to the new type of equipment is practically complete."

REMOVAL TO SUITABLE PREMISES OF PERSONS NEEDING CARE AND ATTENTION

(National Assistance Act, 1948, Section 47)

During 1965 it was not necessary to invoke Section 47 of the National Assistance Act, 1948, as amended by Section 1 of the National Assistance (Amendment) Act, 1951, to secure compulsory removal of any person requiring care and attention.

There were, however, several instances of persons requiring care and attention who at first refused to avail themselves of such facilities as the Hospital or Welfare Department was able to provide or to make available, but eventually they were prevailed upon to enter suitable premises, without the necessity of invoking compulsory powers.

SEWERAGE AND SEWERAGE DISPOSAL

I am indebted to the City Engineer for the following information.:—

The drainage area of Coventry which includes certain areas outside the City is divided into three distinct main valleys, the Canley, the Sherbourne and the Sowe, each with its own system of foul water and surface water sewers. Each of the three foul water systems has its own main arterial sewer located in the river valley which it serves, and these sewers convey the sewage from the network of branch sewers to the Corporation's sewage treatment works situated outside the City boundary at Finham and Baginton from whence a relatively pure effluent is discharged into the river system. Where separate surface water sewers exist these collect the storm water which runs off the surface during periods of rainfall and discharge this without treatment into the natural watercourses which drain the valleys of Canley and the Sherbourne and Sowe.

The older parts of the City including the Central Areas were originally drained on the combined system of drainage where one system of sewers took both the surface water and the foul water discharge. Since the early part of the century the trend was towards the use of the partially separate system but this has now given way to the adoption of a completely separate system of foul water and surface water sewers for all new development. Where redevelopment is proceeding the combined or partially separate system of drainage as the case may be, is being converted to the separate system and where practicable this conversion programme is being extended to areas not yet ripe for redevelopment.

The construction of the Sherbourne Valley Sewer was commenced in 1852 and in 1929 it was extended to the Finham Sewage Treatment Works. The Canley and Sowe Valley Sewers were completed in 1934 and 1937 respectively. By the late 1950's, however, all three sewerage systems were becoming increasingly overloaded and to provide for further development the Corporation embarked on a massive programme for the duplication of the main sewers and the construction of storm water balancing stations at strategic points in the systems. The end of 1964 saw the attainment of the first objectives of this programme with the completion of the Broad Lane Sewer, the Springfield sewer and the Canley sewer upstream of the old storm water station and the replacement of this station with new tanks, completely automatic in their action.

In April, 1966, work will commence on the duplication of the Sowe Valley sewer between the Finham Sewage Treatment Works and Binley Road. The new sewer will be 10 feet internal diameter and will be constructed partly in tunnel and part in open cut at a total cost of £1,800,000. At the same time work will begin on the construction of a storm water balancing station at the Finham end of the new sewer.

A similar scheme for the duplication of the Sherbourne Valley sewer is being submitted to the Ministry of Housing and Local

Government and it is hoped that work on this project will be commenced early in 1967. The first stage will include the construction of a 10 foot diameter sewer in tunnel and open cut from Finham to the Central Areas and additional storm water tanks at the Finham Works. When these works are completed about five years hence, the existing storm water station with its adjoining filtration areas at Shortley Road will be abandoned.

The duplication of the main Canley sewer downstream of its storm water station is also due to commence by early 1967.

The schemes described above are primarily intended to deal with the problem of the foul water drainage of the City, but also included in the Council's capital works programme are schemes for the culverting of water-courses and the construction of surface water sewers. In many outlying districts within the City we are witnessing a partial breakdown of the agricultural surface water drainage system in the form of ditches and open water-courses and where these eventually fail to give satisfactory service, they must be improved or progressively replaced by new systems of surface water sewers.

Post war legislation aimed at strengthening the powers of the River Authorities has resulted in more stringent standards being imposed on Local Authorities for the discharge of effluents from sewage treatment works and storm water overflows. In order to meet these standards the Corporation is exercising its own powers under the various Trade Wastes Acts to protect its sewerage system and the sewage purification processes and to this end proper control of trade waste discharge is imperative.

The Finham Sewage Treatment Works is the principal centre, and will ultimately be the only centre, for the treatment of sewage and waterbourne industrial wastes from the Coventry drainage area.

A works was first established at Finham in 1932 when it was designed to treat three million gallons per day (m.g.d.) of sewage flow in dry weather (d.w.fl.). An extension increasing the capacity to five m.g.d. was completed in 1936 and further work meant that $9\frac{1}{4}$ m.g.d. could be treated by 1955.

A considerable modification of the existing Works took place in the Third Extension which both increased the capacity to $12\frac{1}{3}$ m.g.d. and introduced an additional final process to improve the quality of effluent discharged to the River Sowe to comply with new requirements of the Severn River Authority. This stage of the work was completed in 1961.

The present flow into the works has reached 19 m.g.d. in dry weather and in order to treat this increased load, work on the fourth extension was put in hand and the first stage of this extension was commissioned in 1965. When all stages of the latest extensions are completed in 1970 the Finham Works will have a treatment capacity of 24 m.g.d. although by that time the flow into the Works will have increased to something in excess of 22 m.g.d.

PUBLIC WATER SUPPLY

I am indebted to the Water Engineer and Manager for the following information as to the City's water supply,

	1964	1965
Houses with water supply laid on	97,925	101,945
Houses supplied by stand pipe or similar mains	784	783
Population supplied direct	315,052	330,593
Population obtaining mains supplied by stand pipe or other means (not direct)	2,517	2,349
Total population supplied	317,059	332,942

The supply has seen satisfactory both in quantity and quality.

Information in respect of chemical and bacteriological examinations is as shown in the following table.

CHEMICAL AND BACTERIOLOGICAL ANALYSES 1965

	Samples from	*Frequency of Examination*	*Laboratory*
Bacteriological Examinations	All underground supplies, Strensham, and bulk supply from Birmingham	Twice weekly	City Laboratories Service, Coventry.
		Fortnightly	Coventry Public Health Laboratory
	Strensham	Treated water Daily	City Laboratories Service Laboratory at Strensham
		All stages including inlet and outlet Bredon Reservoir —weekly	,,
	Distribution System	8 samples each week	City Laboratories Service, Coventry.
	New & repaired mains, consumer complaints, etc.	As required	,,
Chemical Examinations	All underground supplies, and bulk supply from Birmingham	Fortnightly	,,
		Full chemical and mineral analyses —periodically	,,
	Strensham	Treated water and all stages —partial analysis —daily	City Laboratories Service Laboratory at Strensham
		Full analysis, water sampled at Meriden —weekly	City Laboratories Service Coventry
		Full analysis, all stages through works —monthly	,,

(a) The water supply within the Undertaking's area of supply has been satisfactory in quantity and quality.

(b) The fluoride content of the various sources of supply are as follows:—

	Fluorides expressed as Fluorine p.p.m.
Surface Derived Supplies	
River Severn Supply Works	0·15
Bulk Supply from Birmingham Corporation Whitacre Works	0·12
Underground Supplies	
Brownshill Green	0·05
Meriden Shafts	0·15
Mount Nod	0·15
Spon End	0·10
Whitley	0·10
Green Lane	0·18
Watery Lane	0·17

(c) The waters are not liable to have plumbo solvent action.

(d) Action taken in respect of any form of contamination consists of clorination at all sources of supply, which at underground sources of supply is only a marginal dose.

(e) In respect of the City this Undertaking supplies direct 101,945 dwellings and indirect 783 dwellings. The population supplied direct is 330,593 and the population supplied indirect is 2,349.

COVENTRY CREMATORIUM

The Canley Crematorium which is owned and operated by the Parks and Cemetries Department of the Corporation continued efficiently to fulfil its role in the hygienic disposal of the dead. The Medical Officer of Health as medical referee has the assistance of the Deputy Medical Officer of Health and his two Senior Medical Officers as deputy medical referees.

The figures for 1965 with comparative figures for preceding years were as follows:—

	1965	1964	1963	1962	1961	1960	1959	1958
Total cremations	2,624	2,498	2,422	2,422	2,086	1,992	1,762	1,679
Coventry residents	1,535	1,392	1,399	1,442	1,190	904	849	814
Residents of other areas	1,089	1,106	1,023	980	896	1,088	913	865

Once again during 1965 the number of cremations (2,624) taking place at the Coventry Crematorium outnumbered, as in 1964, and recently preceding years, the number of burials (1,322) in the City.

MEDICAL EXAMINATIONS CARRIED OUT IN THE HEALTH DEPARTMENT DURING THE YEAR JANUARY, 1st 1965 to DECEMBER 31st, 1965

SUPERANNUATION MEDICALS	323
Prolonged sickness or retirement	50
Fitness to resume work	39
Transport Initial entrance	310
Prolonged sickness or retirement	26
Routine examinations	127
FIRE SERVICE	
Admissions to Fire Service Pension Scheme	53
Prolonged sickness to retirement	4
Routine examinations	25
SUNDRY	
Non-superannuation medicals	268
	1,225
Food Handlers medically cleared	469

WORK OF THE PUBLIC HEALTH INSPECTORATE DURING 1965

Report of the Chief Inspector

B. D. ALLEN, D.P.A., M.R.S.H., M.A.P.H.I.

Deputy Chief Public Health Inspector		E. A. Johnson, M.A.P.H.I.
Divisional Food and Drugs Inspector		H. Ellis, M.A.P.H.I.
Divisional Meat Inspector	..	L. Himsworth, M.A.P.H.I.
Divisional Inspector (West)	..	T. E. Willmott, M.A.P.H.I.
Divisional Inspector (South)	..	D. C. Norcliffe, F.A.P.H.I., M.R.S.H.
Divisional Inspector (Central)	..	D. H. Evans, M.A.P.H.I.
Divisional Inspector (East)	..	W. D. H. Kear, M.A.P.H.I.
Divisional Housing Inspector	..	R. D. Hayne, M.A.P.H.I., M.R.S.H.
District Inspectors ..	.. ..	J. E. Saunders, M.A.P.H.I. G. L. Morris, M.A.P.H.I. (to February, 1965) H. B. Parker, M.A.P.H.I. R. Sault, M.A.P.H.I. J. B. Simpson, M.A.P.H.I. J. W. Stranks, M.A.P.H.I., M.R.S.H. (to February, 1965) R. D. Wagstaff, M.A.P.H.I. W. L. Spence (Miss) M.A.P.H.I. (to September, 1965) C. N. Penn, M.A.P.H.I. M. R. Fox, M.A.P.H.I. M. Skinner, M.A.P.H.I. T. J. Mills, M.A.P.H.I. (from June, 1965) R. Martin, M.A.P.H.I. (from June, 1965) D. Sutton, M.A.P.H.I. (from December, 1965) D. J. Wilson, M.A.P.H.I.
Food and Drugs Inspectors	..	H. Lenton, M.A.P.H.I. B. McCutcheon, M.A.P.H.I. A. G. Harrison, M.A.P.H.I.
Meat Inspectors ..	.. ..	E. Weare, M.A.P.H.I. J. Harrison, M.A.P.H.I. B. G. R. Coley, M.A.P.H.I.

Student Inspectors	D. Kennedy K. A. Pallister M. J. Carver T. P. Hibbert D. J. Burke D. R. Aldridge (from September, 1965) J. H. Bloomer (from September, 1965) R. W. Elliott (from September, 1965)
Smoke Control Assistants ..	A. W. Garlick Mrs. S. J. Hogg Mrs. S. Dale Mrs. L. Veasey Mrs. G. Fisher (from March, 1965)
Offices and Shops Act Technical Assistants	Mrs. A. J. Orr Mrs. E. Gray
Chief Public Health Inspector's Secretary/Senior Clerk	Mrs. G. M. Day
Shorthand Typist	Miss S. E. Brown
Senior Group Clerk	Miss L. A. Wheatley
Group Clerks	Miss E. M. Brown Mrs. H. M. Abel Mrs. P. G. Vivian Mrs. P. Cambridge Miss J. M. Busby (from June, 1965)
Junior Clerk	Miss M. S. Williams (from January, 1965)
Rodent Officer	W. J. Brown (to November, 1965) (Deceased)
Rodent Operatives	W. Head D. F. W. Pearce F. M. Bingham

HOUSING STATISTICS FOR THE YEAR 1965

Number of houses which on inspection were considered unfit for human habitation	556
Number of houses in which the defects were remedied in consequence of informal action by the Local Authority or their officers	158
Number of reports made to the Local Authority with a view to	
(*a*) the issue of notices requiring the execution of works	317
(*b*) the making of Demolition Orders or Closing Orders	28
(*c*) the making of Clearance Orders	74
(*d*) the inclusion in Declaration of Unfitness Orders	102
Number of Voluntary Undertakings given in respect of unfit houses	25
Number of notices served requiring the execution of works	317
Number of houses which were rendered fit after the service of formal notices	159
Number of Demolition or Closing Orders made	32
Number of houses in respect of which an undertaking was accepted under Section 16 of the Housing Act, 1957	Nil
Number of houses demolished	162

The City Engineer kindly gives the following information concerning new dwellings:—

(*a*) Number of new dwellings erected during the year TOTAL	1,987
(*b*) With state assistance under the Housing Acts	
(i) By Local Authority	709
(ii) By other bodies or persons	Nil

REHOUSING

Number of applicants on waiting list, 1st January, 1965		5,934
Number of applicants on waiting list, 31st December, 1965		6,729
Number in Category A (First Priority)	1	
Number in Category B (Second Priority)	1,100	
Number in Category C (Third Priority)	2,951	
Number in Category D (Fourth Priority)	1,677	
Number of families rehoused during the year		1,619
From Category A	2	
From Category B	472	
From Category C	1,077	
From Category D	68	
Number of applications for Corporation Houses made during the year 1965		2,414
Number of dwellings erected by the Corporation during the year 1965		709
Number of families rehoused as a result of representations by the Public Health Inspector's Department		19
Number of houses voluntarily closed		28

HOUSING ACT, 1957 — OVERCROWDING

(Applicants on Corporation Housing List)

(*a*)	(i)	Number of houses overcrowded at the end of the year*	207
	(ii)	Number of families dwelling therein	231
	(iii)	Number of persons dwelling therein	1,079
(*b*)	Number of new cases of overcrowding reported during the year		14
(*c*)	(i)	Number of cases of overcrowding relieved during the year	124
	(ii)	Number of persons concerned in such cases ..	593
(*d*)	Particulars of any cases in which dwelling houses have become overcrowded after Local Authority have taken steps for the abatement of overcrowding		Nil

*Does not include houses in multiple occupation.

(STATISTICS)
HOUSES IN MULTIPLE OCCUPATION

Number estimated to be in multiple occupation 9,000 (8,000 in 1964) of which over 1,400 (2,000 in 1964) are estimated to be occupied by three or more separate occupancies.

During the year:

Number of investigations totalled	1,987	
Number of "no access" visits totalled	694	
	(24% of total visits)	
Number of miscellaneous visits (meetings with owners, Fire Prevention Officer, etc.) totalled ..	163	
Number of attendances at Court totalled	49	
Number of "new" houses investigated (initial inspection) totalled	67	

Formal action was taken

(i)	For the provision of additional amenities	24
(ii)	For the provision of means of escape from fire ..	35
(iii)	To prevent or reduce overcrowding	96
(iv)	To apply code of management	13
(v)	For the provision of information	281
(vi)	In respect of general disrepair	106
	(in pursuance of 170 informal notices)	

It is estimated that well over 1,000 individual notices were required to be served to comply with formal requirements of the Housing Acts in connection with the above-mentioned matters.

Thirty-nine summonses were issued, of which three were subsequently withdrawn, one not served and 14 set down for hearing in January, 1966. Of the remaining 21:—

15 related to overcrowding
5 related to withholding information
1 related to recovering in County Court of expenses incurred by the local authority in carrying out work in default.

Fines totalling £90 were imposed and costs of £64 6s. 0d. awarded to the local authority; one absolute discharge was granted, and one conditional discharge. In two instances the local authority received notice of intention to appeal to High Court.

Default procedure was instituted in three instances, and work carried out by agreement in two others.

RENT ACT STATISTICS

No. of applications received for Certificate of Disrepair ..	32
No. of undertaking accepted	21
No. of certificates issued	5

No. of Houses included in Declaration of Unfitness Order	74

MOVABLE DWELLINGS
CARAVAN SITES AND CONTROL OF DEVELOPMENT ACT, 1960

There were within the City at the close of the year 320 caravans used as dwellings. This shows a slight reduction on the numbers within the City the previous year.

Caravans as permanent dwellings are not encouraged by the Department. They are considered a sub-standard form of housing unsuitable for bringing up families. There is, however, that small nucleus of persons who prefer this form of dwelling. The majority of caravan dwellers are persons who from force of circumstances are unable to obtain other or more suitable accommodation.

The itinerant dweller is the person who causes most concern to the Department. Owing to his anti-social habits, general indifference to environment and aesthetics he will quickly spoil the amenities of any area in which he settles, and create a public health nuisance. This type of dweller will pull his caravan onto any open site and is very often difficult to remove. Several instances occurred during the year where itinerant dwellers took possession of various sites within the City, but the prompt action taken in all cases, including the use of a towing vehicle to draw the caravans off the site, prevented public health nuisances occurring.

Caravans in the City are located on various sites as follows:—

Local Authority Sites

There are 93 caravans on two local authority sites. One of the sites at present accommodating one van is to be closed in the very near future.

Licensed Sites

There are five licensed sites accommodating 79 caravans.

Unlicensed Sites

There are 10 unlicensed sites accommodating 139 caravans. One of these sites, holding 123 caravans, was formerly licensed. Planning permission for this has expired and negotiations are at present in progress between the owner and the local authority regarding its future.

Sites Occupied by Members of the Showmen's Guild

These are five in number and are occupied by nine caravans.

Magisterial proceedings were instituted against two persons during the year for contravening Section 1 of the Act. In one case a farmer had allowed five caravans, occupied by itinerants, to occupy a field for 28 days. He appeared before the local magistrates and was

fined £40 with three guineas costs. These caravans had caused considerable trouble to the Department and in the previous twelve months had been removed from five other sites. In the other case proceedings were instituted against an owner/occupier of a house for allowing an occupied caravan to be stationed in his garden. This case was adjourned in December due to the non-appearance of the defendant and is to be reheard during the early part of the forthcoming year.

During the year 337 inspections were carried out of caravans and 164 visits were made to caravan sites.

CLEAN AIR ACT, 1956
INSTALLATION AND PRIOR-APPROVAL OF FURNACES

Notice of proposal to install a furnace must be given to the local authority under Section 3 of the Clean Air Act, 1956, and provision is also made for the approval of furnaces to be installed.

During the year under review 28 notifications of intention to install furnaces were received. Prior approval was required in 17 cases and granted after negotiation. Of the 28 notifications to install boiler plant received, 22 referred to oil fired plant, and five to gas fired plant. In the remaining instance anthracite was specified as the fuel which the plant was designed to burn.

CONTROL OF CHIMNEY HEIGHT

During 1965 the Department prescribed chimney heights in 13 cases for both large and small installations. Negotiations in connection with the height of the chimney to be installed on the boiler plant at the University of Warwick were still proceeding at the close of the year. A height in the region of 120 ft.—130 ft. was considered to be necessary, but the final decision could not be made until the height of certain adjoining buildings, to be erected in the vicinity of the boiler plant, was known.

Of the twelve cases remaining, the chimney heights of only four furnace plants were substantially above 30 ft. These were associated with a bakery, a social club, a machine tool factory and a motor vehicle accessory factory.

CLEAN AIR ACT, 1956
SMOKE CONTROL AREAS

The implementation of the Clean Air Act as it relates to the establishment of smoke control areas within the City has proceeded in accordance with the Department's programme.

During the year two smoke control orders became operative. These were the Westwood (No. 6) and the Whoberley (No. 7). One smoke control order, the Earlsdon South (No. 8) was made by the City Council and submitted to the Minister for confirmation. In addition the preliminary survey of two proposed areas commenced shortly before the close of the year. With the operation of the Whoberley Smoke Control Order the first of the five stages of the smoke control areas programme was completed and Earlsdon South heralded the commencement of the second stage.

The boundary extension brought within the City several small populated areas from adjoining authorities contiguous to the established smoke control areas. It is proposed to deal with these areas during the ensuing year.

Of the several circulars issued during the year by the Minister of Housing and Local Government, giving directives to local authorities upon the administration of the Act as it affects such areas, probably that of most interest to local authorities was the circular setting out cost limits for various appliances qualifying for a contribution under the Act. Prior to this it was left to each local authority to lay down its own standard for maximum cost for various fuel burning appliances. Although some guide for this was contained in the Ministry's Memorandum on Smoke Control Areas, there existed a considerable variation in approved costs for similar appliances in different localities; the directive is welcomed as it will bring about a measure of uniformity throughout the country although slight variations are bound to occur as costs, which are not covered by the circular, vary in different localities. In Coventry the main effect of this will be to increase the costs of establishing smoke control areas, and of giving more encouragement to the citizen for changing his method of heating etc. because of increased grants which will be payable.

There are now seven smoke control areas in force in the City, and the number of houses in these established areas is some 18,000. During the year 7,660 visits were made to premises in connection with the establishment of smoke control areas.

AIR POLLUTION MEASUREMENT

The main feature of the year under review has been the development and extension of the use of the 8-port automatic instrument for the daily measurement of smoke and sulphur dioxide. In Coventry, twenty-six measuring stations were in operation during the year. Of these, six stations measure *daily* concentrations of suspended matter (smoke) and sulphur dioxide, and two stations measure daily smoke concentrations by automatic means.

During the year, three of the six daily-measurement-daily-attended instruments were replaced by daily-measurement-weekly-attended 8-port instruments. These recently developed instruments eliminate the need for daily replacement of the smoke filter, and chemical analysis of the liquid absorbing reagent, by automatically switching the air-intake once every 24 hours so that it passes through a different filter and liquid reagent. A sequence of up to eight consecutive daily measurements can be made in this way without attention and the instrument should be particularly useful for offices working a five-day week. On the other hand, organisational and analysis procedures in the Department have been increased and intensified. One of the two instruments measuring concentrations of smoke only was put into operation during the year and is an Automatic Sequential Smoke Sampler, sited in Broadgate (balcony of Bridge Restaurant) for the purpose of measuring smoke concentrations arising from road traffic.

The eight stations referred to above are:—

(i) Council Offices, Earl Street*
(ii) Lyng Hall School, Blackberry Lane*
(iii) Technical College, The Butts*
(iv) Foxford School, Longford†
(v) Broad Heath School, Broad Street†
(vi) Health Centre, Jardine Crescent†
(vii) Public Library, Jubilee Crescent**
(viii) Bridge Restaurant, Broadgate††

* 8-port automatic instruments measuring smoke and sulphur dioxide.
† Standard daily instruments measuring smoke and sulphur dioxide.
** 8-port instrument measuring smoke only.
†† Automatic Sequential Smoke Sampler for measuring road traffic pollution on eight hour cycle.

Deposit gauges and/or lead peroxide measuring stations are operated on a monthly basis and estimations of deposited matter (grit, dust, soot, ash etc.) are made in terms of tons per square mile per month (Table I) and of sulphur dioxide "levels" in terms of milligrams of sulphur gas (So_3) per 100 square centimetres per day (Table 2).

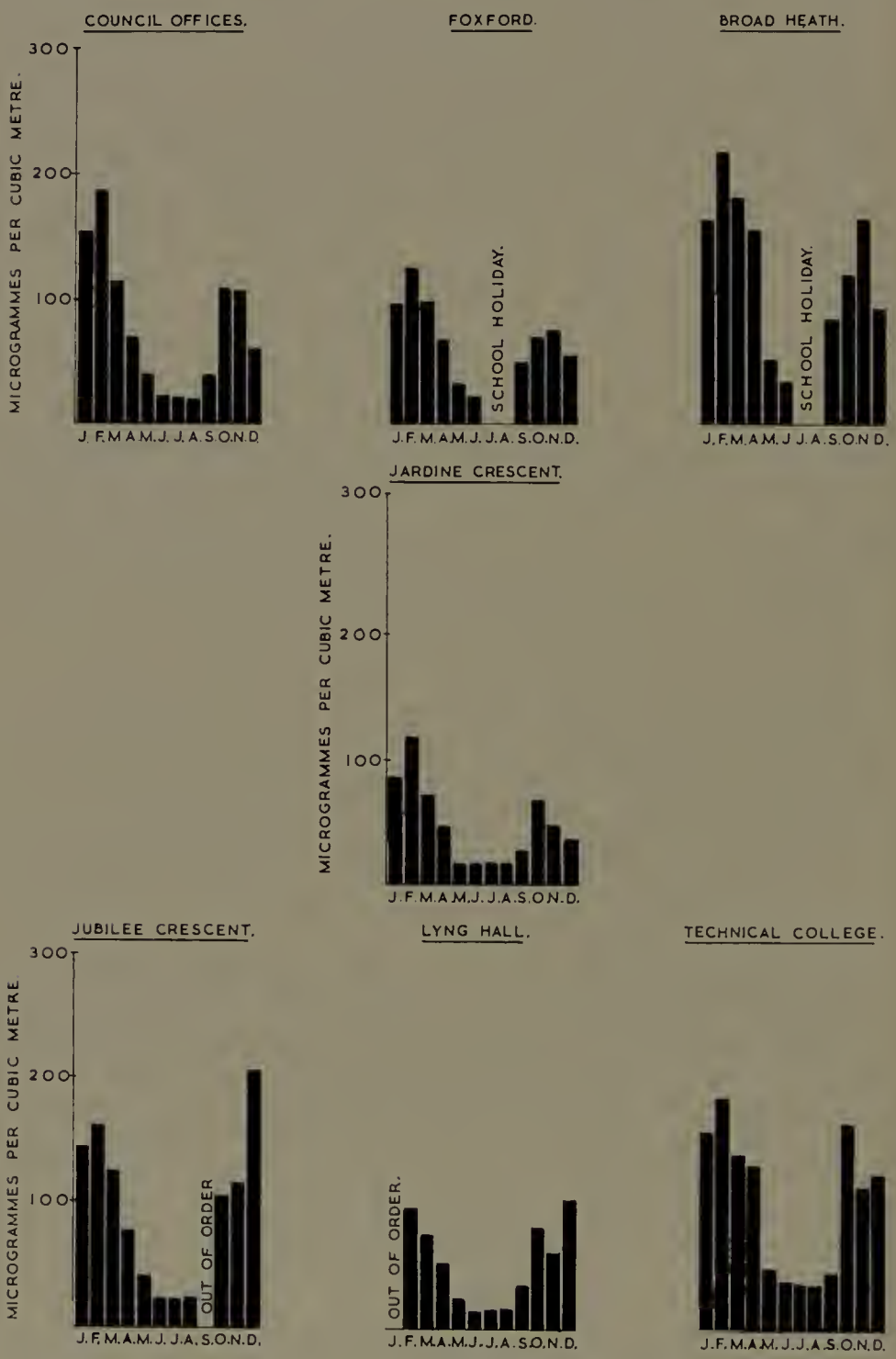
During the year measurement in this category was carried on at the following stations:—

† Precinct.
Day Nursery, Edgwick
† Copsewood, Stoke
Stoke Park Secondary School
† Wood End School
Foleshill Cemetery
Pridmore Road School
Little Heath Primary School
** New Inn, Longford Road
Memorial Park
† Parkgate Road School
* Aldermans Green Social Club
* 94 Eld Road
* Elephant & Castle, Aldermans Green Road
* 169 Tallants Road
* 19 Park Street
* J. & J. Cash Ltd., Park Street
* Weights & Measures Dept., Livingstone Road

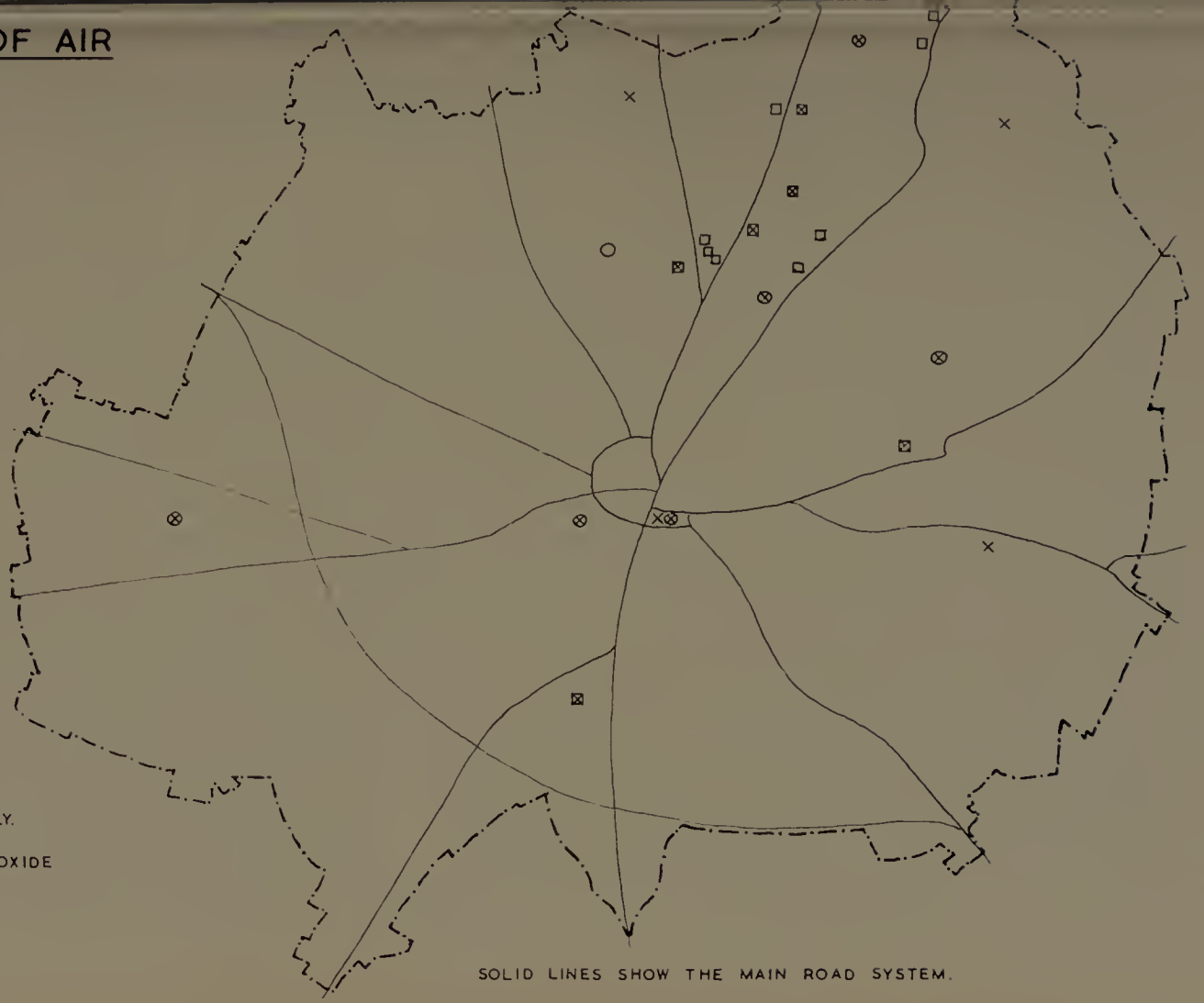
Key

* Deposit gauge measurement only
** Deposit gauge measurement only (commenced October, 1965)
† Sulphur dioxide level measurement only.

AVERAGE MONTHLY SMOKE CONCENTRATIONS IN MICROGRAMMES PER CUBIC METRE DURING 1965.



MEASUREMENT OF AIR POLLUTION IN COVENTRY.



KEY.

- ⊗ VOLUMETRIC SMOKE AND SO_2 MEASUREMENT.
- ○ DAILY SMOKE MEASUREMENT ONLY.
- ⊠ DEPOSIT GAUGE AND LEAD PEROXIDE MEASUREMENT.
- □ DEPOSIT GAUGE ONLY.
- × LEAD PEROXIDE ONLY.

SOLID LINES SHOW THE MAIN ROAD SYSTEM.

TABLE 1
ESTIMATION OF ATMOSPHERIC POLLUTION BY STANDARD DEPOSIT GAUGE
TOTAL SOLIDS DEPOSITED IN TONS PER SQUARE MILE 1965

Station	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Monthly Averages 1963	1964	1965
Elephant & Castle ..	11·17	9·64	15·77	13·07	11·40	10·54	8·67	6·37	9·64	5·80	20·44	14·81	16·12	18·48	11·44
Aldermans Green ..	24·13	5·13	7·26	10·24	7·97	9·36	9·40	6·25	9·56	6·05	13·58	17·03	26·79	27·32	10·49
Stoke Park	7·07	6·50	8·84	7·80	5·70	5·80	6·87	4·16	6·10	4·53	10·57	12·37	8·11	6·89	7·19
Foleshill	14·06	7·28	12·05	11·77	9·29	8·52	9·69	8·39	9·59	6·78	11·64	17·55	8·41	10·51	10·55
Eld Road	11·75	9·56	14·56	13·25	7·12	9·59	14·06	10·77	9·90	3·93	14·46	13·15	15·09	12·12	11·00
Memorial Park ..	4·50	4·43	6·95	12·63	11·55	—	—	—	—	—	—	—	8·00	6·70	8·01
Little Heath	5·20	4·60	71·80	21·03	15·93	19·28	13·98	14·47	12·32	8·87	14·90	10·86	21·66	9·97	17·77
Pridmore Road ..	14·70	8·74	19·51	20·34	10·33	13·35	11·68	6·69	10·83	7·61	17·95	18·58	24·52	16·28	13·36
19 Park Street	—	6·76	17·75	20·25	11·34	34·82	15·50	15·30	12·03	8·53	31·63	15·60	Nil	10·86	17·23
J. & J. Cash Ltd. ..	17·34	11·18	17·01	17·45	13·79	16·01	14·03	10·64	18·41	9·75	21·11	18·14	Nil	15·45	15·40
Livingstone Road ..	17·06	11·93	16·09	15·11	10·71	11·55	12·73	8·81	13·80	7·32	19·49	15·57	Nil	13·15	13·35
Longford Road ..										13·49	23·53	42·49	Nil	Nil	—
Edgwick	10·73	2·48	10·00	11·55	6·84	15·89	8·36	4·99	6·57	22·73	38·55	18·46	13·10	11·65	13·09
Tallants Road	12·95	6·91	14·70	13·42	11·07	10·91	9·02	6·71	9·50	5·44	—	22·35	17·52	15·14	11·18

TABLE 2

ESTIMATION OF ATMOSPHERIC POLLUTION BY LEAD PEROXIDE INSTRUMENTS
ABSORPTION OF SO_2 EXPRESSED AS MILLIGRAMS SO_3 PER 100 SQ. CMS. OF LEAD PEROXIDE PER DAY
1965

Station	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Monthly Average 1964	Monthly Average 1965
Precinct	3·2	3·5	2·7	1·9	1·3	0·4	1·0	0·5	†	—	—	—	1·74	1·81
Edgwick	1·8	3·3	2·7	2·1	1·5	1·1	*	0·8	1·2	1·4	3·1	3·3	1·60	2·03
Copsewood	2·2	3·0	1·5	1·5	0·9	0·6	0·5	0·5	0·8	0·6	1·8	4·1	1·00	1·50
Stoke Park	†	2·2	1·9	1·8	1·1	0·7	0·5	0·8	1·0	1·1	2·7	2·5	1·39	1·48
Wood End School	†	3·5	1·4	2·0	1·1	0·7	0·8	0·8	1·2	1·3	†	2·4	1·32	1·52
Foleshill	3·0	3·4	1·9	*	1·4	1·1	0·8	0·9	1·1	1·3	2·3	2·6	1·61	1·80
Memorial Park	2·2	2·8	1·8	1·2	0·9	0·6	0·4	0·45	0·6	0·9	2·1	1·1	1·15	1·25
Parkgate School	2·1	2·1	2·2	1·2	0·6	0·6	0·8	0·5	0·8	1·6	2·3	1·8	1·38	1·38
Pridmore Road	4·0	3·7	2·8	2·2	1·6	1·0	1·1	0·9	1·3	1·8	2·8	2·6	1·86	2·15
Little Heath	3·1	3·1	2·4	1·6	1·8	1·2	0·6	0·5	1·0	2·0	2·2	2·2	1·73	1·81

† Sample tampered with during exposure

* Sample lost during analysis

NOISE CONTROL WORK

1. During the year 146 complaints of noise were received, and 1,235 visits for investigation, noise measurement, and negotiation purposes were made to industrial and other premises. Complaints and petitions concerning drop forging featured prominently, it being a particularly difficult industrial operation with which to deal in the context of noise. In one instance an irate citizens' protest meeting took place at which the extensive remedial measures instigated by the Department and implemented by the firm were underlined, but described by dissatisfied residents as "nibbling at the edges of the problem". This description has some truth in it since technical knowledge has not yet found the means to successfully silence the inherent noisiness, both air and ground borne, of drop forging. Expensive adaptations of drop hammer bases and mountings go only a part of the way to solving the noise and vibration problem.

2. At a large tractor manufacturing firm (Massey Ferguson Ltd.) complaints were received concerning excessive noise from fans to paint spray booths. Adaptations of the fans resulted in marked im-improvement in noise levels. It is surprising in the context of possible fan noise that fans, the noiseless operation of which is a well known science, are not noise corrected *before* installation.

3. Fan noise, or a variation of it, featured in another complaint at a car manufacturing plant where inlet and extract fans were installed in the wall of the factory bordering the entry at the rear of housesHumber Ltd. This is a very common occurrence in Coventry and shows a singular lack of consideration for neighbours. In this case silencers and high level vents were installed in order to reduce ground noise level.

4. Statutory undertakers are by no means blameless in noise and other problems. Progress cannot be stopped, and the considerable improvement in the air pollution field by the change over from steam to diesel and electric traction by British Rail is an admirable achievement. Unfortunately side issues concerning noise have been created although only, it is hoped, of a temporary nature. Coventry is the staging post, not for the change of stage coach horses as a hundred years ago, but for the change of electric to diesel traction and vice-versa on the south to north run. A railway siding on the south of the city is used for this purpose which also necessitates an engine warming up period of one or two hours in the early morning. The noise of several engines warming up whilst stationary is a source of annoyance to nearby residents. Representations to British Rail have resulted in only little improvement since statutory undertakers are exempt from the operation of the Noise Abatement Act, 1960.

5. **Dunlop, St. Georges Road**

(*a*) General noise level reduced to 48 dBA at night compared with night criterion of 52 dBA.

(*b*) Some complainants satisfied — some not.

(*c*) Firm appointed a "Night Superintendent" for this and another factory for dealing with specific complaints of noise occurring during night.

(*d*) Matter referred to Planning Committee who granted permission for extension of factory so that terms of planning permission could be adhered to.

6. **Butcher's Shop, Widdrington Road**

Noise from refrigerator motor at night. Due to knock in bearings of motor.

7. **Large Dairy, Gulson Road**

Noise from intermittent cutting in of refrigerator motor during night. Noise just within criterion level. Firm agreed to call in acoustic consultants. Nuisance due to air intake fan on roof. "Splitter ducting" advised and now awaiting specification and quotation.

Breakdown of Noise Complaints during 1965 to Particular Sources

Drop forging	37
Engine testing	4
Butchers refrigerators	2
Engineering factory noise	33
Factory ventilating systems	17
Refrigerating equipment	4
Retail Shop	1
Concrete manufacture	1
Panel beating	8
Miscellaneous	15
Bakehouse	1
Building site	4
Transporting factory products	13
Transport	6

INDUSTRIAL ATMOSPHERIC POLLUTION

Complaints during the year about grit and dust nuisances were fewer than usual. Thirteen in respect of eleven premises were received.

The new grit arrestor provided at the base of each of the two chimneys of a large machine tool premises appeared to be satisfactory. During the first months of the year, normally the most

troublesome period, no complaints were received from the part of the city where the factory is situated.

A company concerned with the bending of timber were burning sawdust in the open, but changed to an incinerator when requested to do so.

The water gas plant at the Foleshill Road Gas Works is not used regularly but mainly to supplement towns gas in times of heavy demand. Swirling cyclonic grit arrestors became defective during the winter period and a number of complaints were received. At the end of March the cyclones were replaced by new equipment, and to date there have been no further difficulties.

The Alkali Inspector has been kept informed of the complaints received by the Department about grit and dust emitted by the Gas Works. In addition he has been provided with a copy of the deposit gauge readings for the gauges situated one on either side of the chimneys at the Longford Power Station.

Residents in Oliver Street for the first time in a number of years had cause to complain about grit and dust being discharged by an adjoining works. It seems that this company is contemplating changing from solid fuel to oil at all its works in the city, although confirmation of this has not yet been received. When this occurs the residents of Oliver Street will be freed from this source of nuisance.

A contravention of the Dark Smoke (Permitted Periods) Regulations, 1958 was witnessed by a member of the staff whilst proceeding to the office at the beginning of a working day. The company was notified and the details were reported to the Committee, which on this occasion decided not to take legal proceedings.

A large industrial timber company in the city decided that from the 1st April, sawdust would no longer be incinerated on the site. This chimney has always been responsible for producing smoke but now that the incinerator is disused and the sawdust removed from the factory in bulk the chimney is no longer a nuisance source.

FOOD AND DRUGS

During the year 1,803 samples of food and drugs were obtained. This is an increase of 146 over the figure for 1964. The City Analyst reported 1,661 samples as genuine and 142, i.e. 7.88%, as unsatisfactory. The percentage of unsatisfactory samples is again high. With respect to milk samples, the number taken remains almost the same as before but the percentage of unsatisfactory samples was higher, being 4.5%. A number of these, however, were all taken in connection with one farmer, who was fined.

In connection with the sampling of drugs, more attention has been paid during the year to the types of drugs issued on prescriptions and it is interesting to note that compared with 34 unsatisfactory during 1964 only 12 were found to be unsatisfactory during 1965.

Details of the Samples Collected are as follows:

Formal samples obtained	68
Informal samples obtained	1,612

MILK SAMPLES

During the year 889 samples of milk were obtained, and of these 35 were found to be unsatisfactory. Details of the unsatisfactory samples are set out below, together with the action taken.

Type of Milk	*No. of Samples*	*Results of Analysis*
Pasteurised	22	15 Deficient solids not fat 7 Suspected added water
Pasteurised Channel Island	1	1 Deficient butter fat
Sterilized	1	1 Suspected added water
Farm	11	4 Deficient solids not fat 7 Suspected added water

Thirteen samples contravened the Milk (Special Designation) Regulations 1963.

During the year 35 samples were reported by the Analyst as unsatisfactory. Nineteen of these were deficient of solids not fat but genuine milks. Of the remaining 16 samples, one was deficient of butter fat and 15 contained added water.

Eight of these were from one farmer and in this case proceedings were instituted and the farmer was fined £10.

The remaining seven milks all contained slight amounts of added water and in each case when further samples were taken, all were genuine.

The one sample of Channel Island milk reported as deficient of butter fat contained 3.9% but a repeat sample was genuine.

FOOD AND DRUGS SAMPLES STATISTICS

	1964	1965
Total Number of Samples	1,657	1,803
Number of samples found to be unsatisfactory	135	142
Percentage found to be unsatisfactory	8%	7.88%
Milk Samples	757	754
Number found to be unsatisfactory ..	29	35
Percentage found to be adulterated ..	1.32%	2%
Percentage found to be deficient of solids not fat or fat	1.85%	2.5%
Samples of Food Excluding Milk	722	754
Number found to be unsatisfactory ..	72	95
Percentage found to have unsatisfactory labels	2.21%	2.12%
Percentage found to be adulterated ..	4.7%	7.4%
Percentage found to be unsatisfactory by reason of rancidity, moulds, contamination, etc.	3.04%	3.01%
Samples of Drugs	178	160
Number found to be unsatisfactory ..	34	12
Percentage found to have unsatisfactory labels	6.74%	1.25%
Percentage found to be adulterated ..	5.05%	5%
Percentage found to be unsatisfactory due to age	2.8%	0.62%
Percentage found to contain excessive lead, copper, etc.	4.49%	0.62%

SAMPLES OF FOOD

Samples of the following foods were submitted for analysis:—

Baby Foods	Baking Powder	Bay Leaves
Biscuits	Bread	Butter
Cakes	Cake Decorations	Cereals
Cheese Snacks	Chocolate	Coffee
Colourings	Corn Flour	Cream
Curries	Custard Powder	Drinks
Eggs	Fats	Fillings
Fish	Fish Pastes	Flavourings & Essences
Flour	Fruit (Fresh, Canned and Dried)	
Herbs	Ice Lolly	Jams and Preserves
Jellies	Marzipan	Meat Products
Milk(Tinned&Dried)	Mixtures (Cake, etc.)	Mustard
Nuts	Oils	Pickles
Puddings	Sauces	Sausages
Sea Food Dressing	Seasonings & Spices	Shandies
Soups	Spaghetti Bolognese	Spreads
Sugar Confectionery	Tomato Puree	Vegetables
Vegetarian Foods	Vinegar	Wines & Spirits

The total number of samples taken was 754, 48 formal, 18 of which were unsatisfactory, and 706 informal, 77 of which were unsatisfactory.

SAMPLES OF DRUGS

Type	No. of Samples	No. controlled under Dangerous Drugs Act	No. Unsatisfactory
Alimentary and Antacids	7	—	—
Analgesic	30	3	1
Antibiotics	4	4	—
Antidepressives ..	2	2	—
Antihistamine	9	—	—
Anti Pruritics	1	—	—
Embrocations	2	—	—
Laxatives	3	—	—
Ophthalmic	3	3	—
Respiratory	17	2	3
Sedatives	36	30	—
Skin Medications ..	8	1	—
Tonics	13	—	1
Vitamins	18	—	5
Miscellaneous	7	—	2
TOTAL	160	45	12

DETAILS OF SAMPLES OF FOOD OTHER THAN MILK WHICH WERE REPORTED TO BE UNSATISFACTORY

20 samples of food were found to be infested, contaminated, or aged. The foods in question were: Rice Cremola, Ice Lolly, Bilberry Pie Filling, Apricot Wine, Piccalilli Sauce, Dried Apricots, Dripping, Soup Powder, Lard and Nuts. The Ice Lolly was contaminated due to a defective mould and this was reported to the firm concerned. With reference to the other samples, in each instance the remainder of the stock was inspected and, where found to be similarly affected, was surrendered and destroyed.

11 Samples of Lemon Curd and Lemon Cheese were found to be unsatisfactory and proceedings were instituted in connection with six samples of Lemon Curd. The question of unsatisfactory samples of Lemon Cheese was taken up with the manufacturers.

Seven samples were found to contain colours which the Food Standards Committee recommend should be withdrawn from sale. In each case the manufacturers were notified of this fact and satisfactory explanations were received.

Seven samples of food were found deficient of ingredients, these were: cake mix deficient of sugar, bilberries deficient of fruit, flour deficient of sodium bicarbonate, and marmalade deficient of oranges. In all of these cases except the two samples of marmalade, the manufacturers were contacted and informed of the Analyst's report. With reference to the two samples of marmalade, formal samples are to be taken.

17 samples of food were reported by the Analyst to be unsatisfactorily labelled. These included chocolate, lemonade shandy, pickles, cake mix, bay leaves and vanilla essence. The manufacturers in each case were informed and the labels were amended to comply with the Labelling of Food Order. With reference to the samples of vanilla essence, this was a consignment into this country from Jamaica and was found to contain Coumarin. The vendors were instructed to re-label the bottles with the statement that the essence contained Coumarin. Since this was carried out the Ministry of Agriculture, Fisheries and Food has issued a recommendation that Coumarin should not be allowed in food products.

Eight samples of food, including fruit salad, flour, prunes and grapefruit were reported to be unsatisfactory, due to the presence of preservatives, sulphides, Naringen and excess Nicotinic Acid. With reference to the fruit salad, this was a large consignment and the total stock was withdrawn from sale and destroyed. With reference to the other samples, the manufacturers were notified of the Analyst's reports and asked to take action accordingly.

18 samples of meat products were reported to be unsatisfactory, all being deficient of meat according to the Food Standards Committee's recommendations. In every instance the manufacturers were contacted and the question of the standards was discussed. In some cases the labels were amended and in four instances the manufacturers agreed to improve the standards of their product to comply with the recommendations.

DETAILS OF SAMPLES OF DRUGS WHICH WERE REPORTED TO BE UNSATISFACTORY

12 samples of drugs were reported to be unsatisfactory, these included three vitamin deficiencies; two cough mixtures and one Indian Brandee deficient of chloroform; Iron tablets out of condition due to age; Formamint tablets due to unsatisfactory tablet formation; Rose Hips and Cream of Tartar due to unsatisfactory labelling; Yeast Vite containing lead; and Phenacetin and Caffeine tablets wrongly compounded.

In connection with the above, the manufacturers and the vendors were notified respecting the deficiencies of vitamins and chloroform and the aged Iron tablets, and in each instance the remainder of the stock was withdrawn from sale.

In connection with the Formamint tablets, the vendor was interviewed and it was found that the tablets in the sample were supplied by different manufacturers and had been mixed together. A further sample was taken and these were found to be satisfactory.

In connection the samples of Rose Hips and Cream of Tartar, the manufacturers were informed respecting the unsatisfactory labels and they agreed to amend the labels accordingly.

A sample of Phenacetin and Caffeine was found to be wrongly compounded in that the Caffeine was four times in excess of the BPC limit, while the Phenacetin was one quarter of the amount required, suggesting reversal of the drugs concerned. The manufacturers were notified and replied that they were aware of this mistake but were under the impression that all stocks of this drug had been withdrawn from sale and they undertook to check with all their suppliers to ascertain if any more had been missed. The remainder of the stock was immediately withdrawn from sale.

MEAT INSPECTION

As usual, 100% meat inspection was carried out by four full-time inspectors during the year.

Classified summary of inspections carried out by meat inspectors

Ante and post mortem examinations of animals slaughtered	116,705
Post mortem examination of animals dead on arrival or in lairs	14
Re-inspections of home killed meat	30
Detailed inspections of imported meats	38
Inspections of canned meats	26
Inspections of other meats	13
Inspections under the Public Health Acts	250

Unsound Food

The total weight of meat and offals condemned at the abattoir and wholesale market was:

70 tons, 6 cwts., 1 qtr., 25 lbs.

SUMMARY OF INSPECTIONS OF SLAUGHTERED ANIMALS

COVENTRY PUBLIC ABATTOIR 1965

Carcases and Offal Inspected and Condemned in Whole or in Part

	Cattle excluding Cows	Cows	Calves	Sheep and Lambs	Pigs
No. Killed	11,526	3,318	552	54,912	46,397
No. Inspected	11,526	3,318	552	54,912	46,397
All diseases except Tuberculosis and Cysticerci					
Whole carcases condemned	5	11	9	48	78
Carcases of which some part or organ was condemned	2,725	1,101	7	4,034	10,581
Percentage of the number inspected affected with disease other than tuberculosis and cysticerci	23.68%	33.51%	2.89%	7.43%	22.97%
Tuberculosis only Whole carcases condemned	—	—	—	—	4
Carcases of which some part or organ was condemned	6	3	—	—	890
Percentage of the number inspected affected with tuberculosis	0.05%	0.09%	—	—	1.92%
Cysticercus Bovis Carcases affected with viable or multiple cysts and submitted to treatment by refrigeration	49	8	—	—	—

Diseases (other than Tuberculosis and Cysticerci)

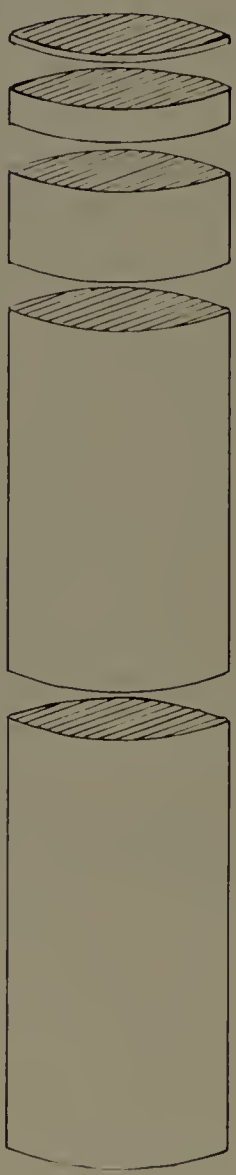
Affecting Whole Carcases

Disease — Condition	Cattle excluding Cows	Cows	Calves	Sheep	Pigs	Total
Blackquarter	—	—	1	—	—	1
Cellulitis	—	—	—	—	1	1
Emaciation	—	—	—	16	5	21
Extensive injuries ..	—	—	—	—	1	1
Fever	—	—	—	5	6	11
Immaturity	—	—	2	—	—	2
Jaundice	—	—	—	—	1	1
Joint ill	—	—	2	—	—	2
Leukaemia	—	—	—	3	2	5
Moribund	—	—	—	2	2	4
Oedema	—	1	1	12	4	18
Osteomyelitis	—	—	—	—	2	2
Pigment, generalised ..	—	—	—	—	1	1
Pyaemia	3	1	—	—	10	14
Erysipelas, acute swine ..	—	—	—	—	2	2
Septicaemia						
(a) Septic arthritis ..	—	1	—	1	21	23
(b) Septic enteritis ..	—	—	2	—	3	5
(c) Septic mastitis ..	—	6	—	3	—	9
(d) Septic metritis ..	—	—	—	1	—	1
(e) Septic pericarditis ..	—	—	—	2	1	3
(f) Septic peritonitis ..	—	—	—	—	7	7
(g) Septic pleurisy ..	1	—	—	1	6	8
(h) Septic pneumonia	1	—	1	2	3	7
Tumours	—	2	—	—	—	2
Total ..	5	11	9	48	78	151

Diseases and Conditions (Other than Tuberculosis) Affecting Parts or Organs encountered during Inspection of all Animals during the Year

Disease—Condition	Cattle excluding Cows	Cows	Calves	Sheep	Pigs	Total
Abcess	626	128	2	95	360	1,211
Actinomycosis-bacillosis	113	21	—	—	—	134
Adenitis	8	1	—	1	1	11
Telangiectasis	39	283	—	—	—	322
Arthritis	—	1	—	15	232	248
Bacillary Necrosis ..	6	1	—	—	—	7
Bone Taint	1	—	—	—	—	1
Cirrhosis	4	—	—	—	2168	2172
Congestion	30	14	—	21	438	503
Decomposition	1	—	—	5	14	20
Echinococcus Cysts ..	229	202	—	1515	41	1987
Emphysema	14	30	—	—	5	49
Enteritis	—	4	—	3	4	11
Fascioliasis	636	191	—	533	—	1360
Fat Necrosis	—	5	—	—	—	5
Fatty Infiltration ..	12	15	—	20	21	68
Fibrosis	2	2	—	—	—	4
Food Aspiration ..	45	6	—	16	—	67
Injuries	60	9	—	13	136	218
Haemorrhage	3	5	1	16	3	28
Johnes Disease	4	4	—	—	—	8
Mastitis	—	159	—	—	1	160
Nephritis	12	17	—	1	2	32
Oedema	—	1	—	1	1	3
Parasites	69	23	—	1924	19	2035
Pericarditis	75	18	—	70	1532	1695
Peritonitis	195	112	—	42	579	928
Pigment	9	30	2	10	1	52
Pleurisy	631	123	—	314	1770	2838
Pneumonia	99	22	2	705	6507	7335
Rash	—	—	—	—	101	101
Ringworm	—	—	—	—	2	2
Tumours	2	1	—	—	—	3
Presternal calcification ..	1	1	—	—	—	2
Total ..	2926	1429	7	5320	13938	23620

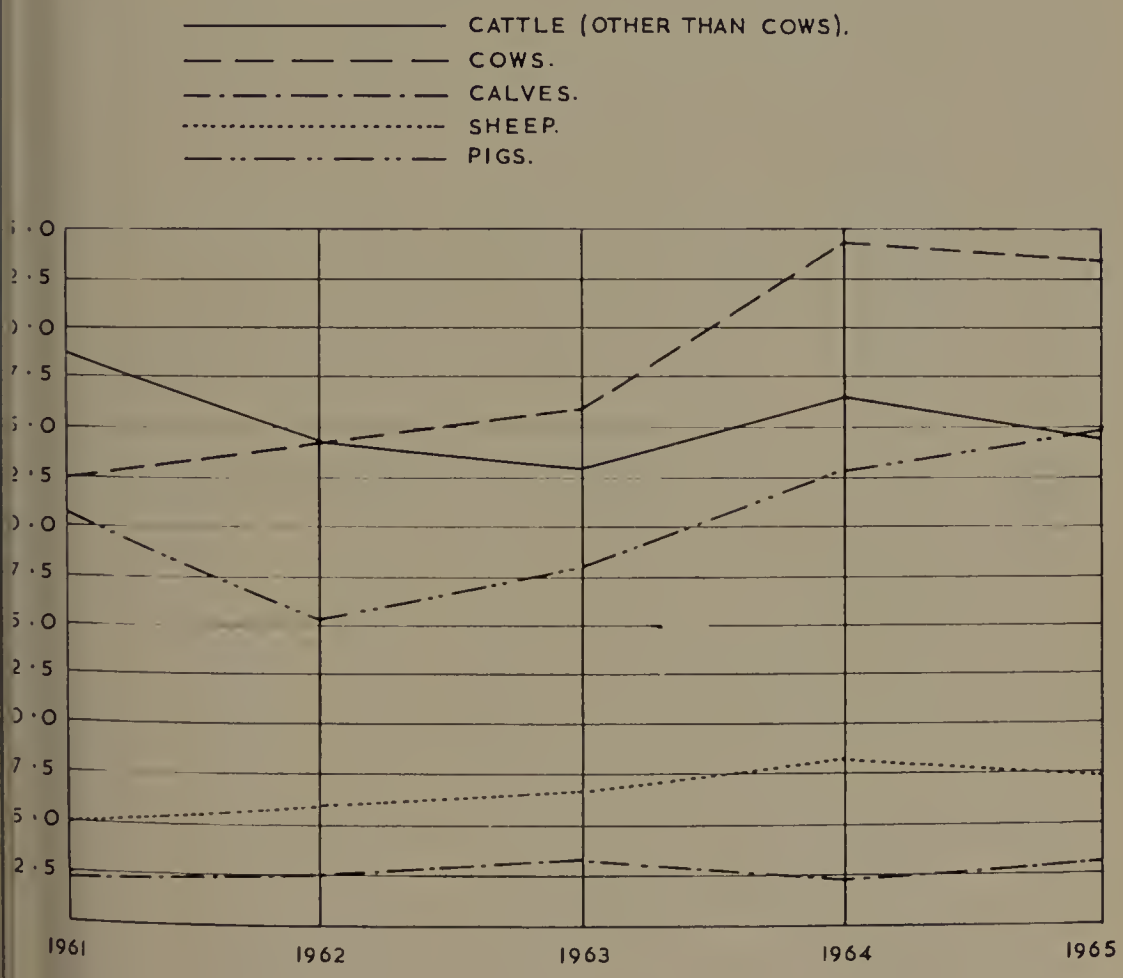
DIAGRAM ILLUSTRATING PROPORTIONATE NUMBERS OF ANIMALS KILLED.



PERCENTAGE KILL.

CALVES	0·5
COWS	2·9
CATTLE OTHER THAN COWS	9·8
PIGS	39·7
SHEEP	47·1

GRAPHICAL REPRESENTATION OF PERCENTAGE OF DISEASE INCIDENCE IN ANIMALS SLAUGHTERED.



COMPARATIVE YEARLY THROUGHPUT.

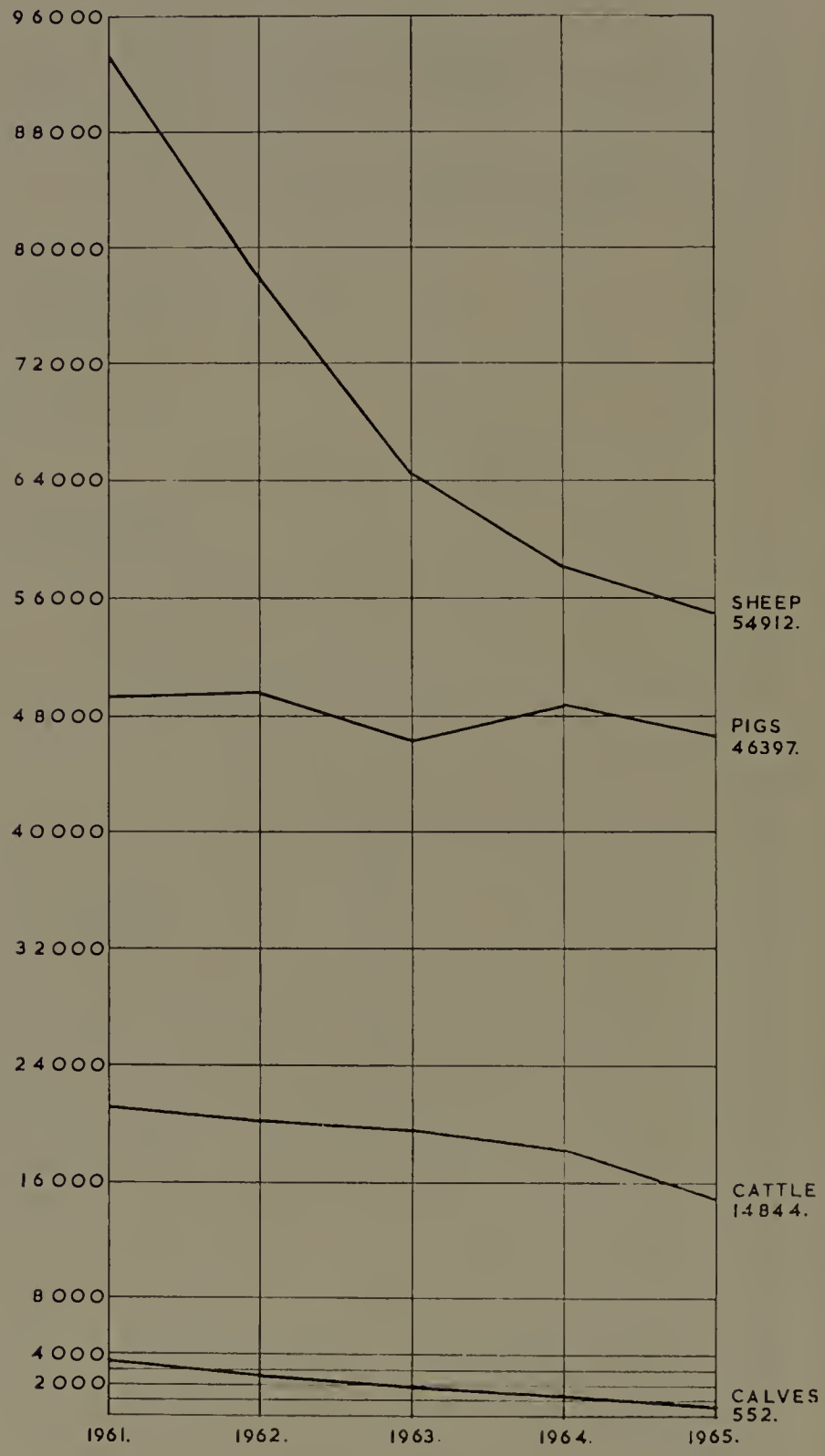
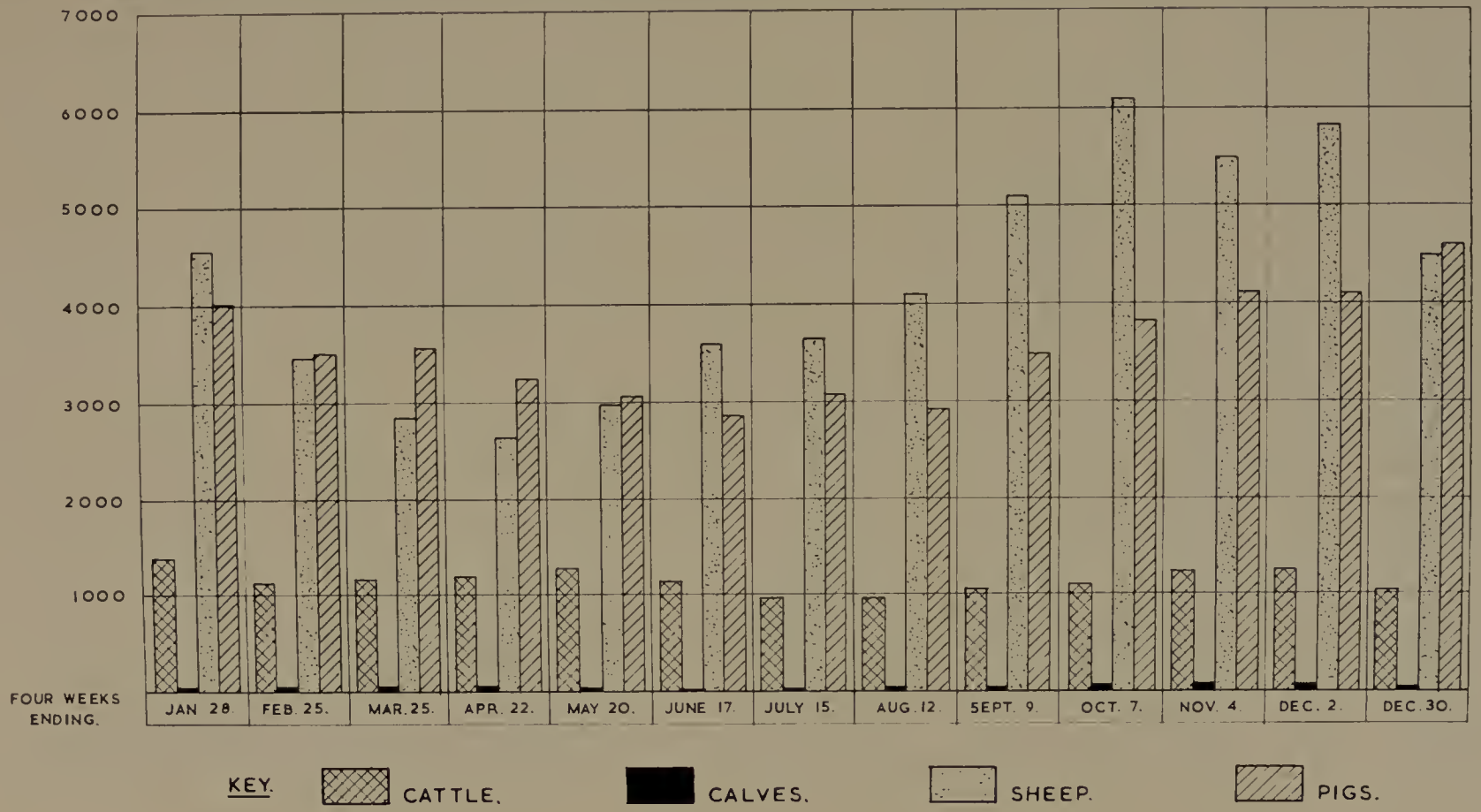


CHART ILLUSTRATING ANNUAL KILLING SPREAD-OVER FOR 1965.



LEGAL PROCEEDINGS TAKEN BY THE DEPARTMENT UNDER THE FOOD AND DRUGS ACT AND THE FOOD HYGIENE (GENERAL) REGULATIONS

Offence	*Result*	*Fine*	*Costs*
Regulation 9, Food Hygiene (General) Regulations, 1960. Smoking while handling open food.	Convicted	£8.0s.0d.	
Section 8, Food and Drugs Act, 1955. Sale and having in possession for purpose of sale canned Pork Luncheon Meat unfit for human consumption...	Convicted	£50.0s.0d.	£3.3s.0d.
Section 8, Food and Drugs Act, 1955. Sale and exposure for sale of unfit chocolate marshmallows.	Convicted	£25.0s.0d.	£12.8s.0d.
Regulations 10, 26 and 28, Food Hygiene (General) Regulations, 1960. Sale from a mobile vehicle of open food wrapped in unclean paper, the vehicle was not kept clean and in good order, repair and condition, and not provided with suitable and sufficient means of lighting and soap, nail brushes and clean towels were not provided.	Convicted	£40.0s.0d.	£3.3s.0d.
Section 8, Food and Drugs Act, 1955. Sale and exposure for sale of pork pies unfit for human consumption. ..	Convicted	£20.0s.0d.	£3.3s.0d.
Section 8, Food and Drugs Act, 1955. Possession for the purpose of sale of chicken pieces and chicken livers unfit for human consumption.	Convicted	£10.0s.0d.	£1.1s.0d.
Section 8, Food and Drugs Act, 1955. Sale and exposure for sale of pork pies unfit for human consumption. ..	Convicted	£10.0s.0d.	£1.1s.0d.
Section 8, Food and Drugs Act, 1955. Sale and exposure for sale of pork pies unfit for human consumption. ..	Convicted	£20.0s.0d.	£3.3s.0d.
Regulations 5, 6, 14(5), 16, 17 and 19, Food Hygiene (General) Regulations, 1960. Food business in insanitary premises, articles of equipment dirty and not in good order and repair, hand washing notice not affixed, wash hand basin hot water supply, soap, nail brush and clean towel, first aid materials and sink not provided. ..	Convicted	£40.0s.0d.	

Offence	*Result*	*Fine*	*Costs*
Section 2, Food and Drugs Act, 1955. Sale of Cornish Pasty containing an insect and steak and kidney pudding containing a cockroach.	Convicted	£50.0s.0d.	£3.3s.0d.
Section 8, Food and Drugs Act, 1955. Sale and exposure for sale of sausages unfit for human consumption. ..	Convicted	£10.0s.0d.	£5.5s.0d.
Regulations 5, 6, 14, 16, 17, 18 and 24, Food Hygiene (General) Regulations, 1960. Food business in insanitary premises. Articles of equipment dirty and not in good order and repair, sanitary convenience not clean, nail brush and clean towels not provided, first aid materials not provided. Refuse was allowed to accumulate.	Convicted	£55.0s.0d.	
Section 8, Food and Drugs Act, 1955. Meat and sausages in possession for purpose of sale unfit for human consumption.	Convicted	£25.0s.0d.	
Regulations 5 and 16, Food Hygiene (General) Regulations, 1960. Food business in insanitary premises. Clean towel not provided.	Convicted	£15.0s.0d.	
Regulation 9(e), Food Hygiene (General) Regulations, 1960. Smoking while handling open food.	Convicted	£2.0s.0d.	
Regulations, 5, 6, 14, 16, 17, 18 and 19, Food Hygiene (General) Regulations, 1960. Food business in insanitary premises. Articles of equipment dirty and not in good order and repair, sanitary convenience dirty, unlighted and unventilated, communicating directly with an open food handling room and without a notice requesting hand washing being affixed, hot water supply to wash hand basin not provided, nail brush not provided. Accommodation for outdoor clothing also not provided and there was an absence of hot water to the sink.	Convicted	£49.0s.0d.	
Regulation 26(1) Food Hygiene (General) Regulations, 1960. Vehicle used for the transport of meat not kept in a clean condition.	Convicted	£10.0s.0d.	
Regulations 5, 6, 14, 17 and 23 Food Hygiene (General) Regulations, 1960. Food business in insanitary premises.			

Offence	*Result*	*Fine*	*Costs*
Articles of equipment dirty and not in good order and repair, sanitary convenience not kept clean, first aid materials not provided. The walls of food room were not kept clean and in good repair.	Convicted	£25.0s.0d.	£3.3s.0d.
Regulation 9(e), Food Hygiene (General) Regulations, 1960. Smoking while handling open food.	Convicted	£3.0s.0d.	
Section 8, Food and Drugs Act, 1955. Pork Pies in possession for the purpose of sale unfit for human consumption.	Convicted	£10.0s.0d.	£4.0s.0d.
Section 32(3), Food and Drugs Act, 1955. Milk to which water was added was sold for human consumption. ..	Convicted	£10.0s.0d.	
Section 8, Food and Drugs Act, 1955. Sale and in possession for the purpose of sale of Pearl Barley infested with weevils and unfit for human consumption.	Convicted	£30.0s.0d.	£5.5s.0d.
Section 2, Food and Drugs Act, 1955. Sample of Lemon Curd deficient of 84% of Oil of Lemon.	Convicted	£5.0s.0d.	£4.4s.0d.
Section 8, Food and Drugs Act, 1955. Sale of Demerara Sugar unfit for human consumption.	Convicted	£20.0s.0d.	£4.4s.0d.
Regulations 5, 6, 16 and 18, Food Hygiene (General) Regulations, 1960. Food business in insanitary premises, equipment dirty and not kept in good order and repair, nail brush, soap and towel not provided, absence of proper accommodation for outdoor clothing.	Convicted	£150.0s.0d.	
Totals		£692.0s.0d.	£56.6s.0d.

Legal Proceedings Under Other Statutes

Legal proceedings were also instituted in twenty-one cases under the Housing Acts 1957-1961 relating to houses in multiple occupation. The service of twenty-one summonses was involved, of which fifteen were in respect of failure to comply with directions fixing the permitted number of individuals: three for failure to supply information concerning the number of individuals or families living in houses in multiple occupation: two for failure to supply information as to ownership of such premises and one for the recovery through the County Court of expenses incurred in carrying out work in default. An absolute discharge in one case and in another a conditional discharge with costs was granted. An appeal against two convictions was pending at the year end. Fines to a total of £165 and costs of £49 17s. 0d. were imposed upon the defendants.

One summons, the first to be served under Section 11, Clean Air Act, 1956, was in respect of the emission of smoke from the chimney of a dwelling house situated in a Smoke Control Area, and a conditional discharge with costs of £3 3s. 0d. was imposed.

One case under the Caravan Sites and Control of Development Act, 1960 related to the use, without a site licence, of land as a caravan site by five caravans inhabited as dwellings in excess of the permitted period of twenty-eight days. A fine of £40 0s. 0d. and costs of £3 3s. 0d. were imposed.

One summons was served for failure to comply with a notice served under the Public Health Act, 1936 requiring the removal of an accumulation of refuse from the premises of a dwelling house. The summons was withdrawn, the refuse having been removed before the case was due to be heard by the Magistrates.

MILK

It is estimated that the quantity of milk processed daily in the City is 33,200 gallons and in addition to this, 11,300 gallons are processed in other areas and distributed in the City daily. Of this total, approximately 3,500 gallons are sent to Rugby, Leamington Spa, Kenilworth and Bedworth each day.

The 44,500 gallons of milk are made up as follows:—

	Gallons
Pasteurised Milk	36,850
Channel Island Pasteurised Milk	2,250
Sterilized Milk	5,300
Untreated	100

The milk has been sampled regularly throughout the year and details of results are recorded elsewhere in this report.

PURVEYORS OF MILK

Number of retail purveyors selling milk within the City:—

		1964	1965
(a)	Wholesale and retail dairymen ..	55	54
(b)	Number of retail purveyors selling bottled milk only, from shop premises	511	483

During the year 1,413 inspections were made of dairies, milk shops and milk vehicles.

DESIGNATED MILK

Milk and Dairies (General) Regulations 1959
Milk (Special Designation) Regulations 1963
Milk (Special Designation) (Amendment) Regulations 1963

Table setting out the number of licences in force at the end of the year.

Pasteurised Milk, Pasteurisers' Licences ..	6
Pasteurised Milk, Dealers' Licences	473
Sterilized Milk, Dealers' Licences	545
Untreated Milk, Dealers' Licences	3

The six Pasteurisers' Licences include five licences to pasteurise milk by the High Temperature Short Time Process and one by the Holder Process.

Samples of milk were obtained from all the processing dairies in the City and samples were also taken of milk processed outside the City and retailed here. Details of samples and results are set out below.

TABLE SHOWING NUMBER OF SAMPLES AND RESULTS

Designation	*No. of Samples Obtained*	*No. Satisfactory*	*No. Unsatisfactory*			
			Total Unsatisfactory	*By Methylene Blue Test*	*By Phosphatase Test*	*By Turbidity Test*
Pasteurised	352	344	7	4	3	—
Pasteurised C.I.	123	122	6	6	—	—
Pasteurised School	146	146	—	—	—	—
Sterilized	229	229	—	—	—	—
TOTAL	850	841	13	10	3	—

Milk Supplies — Brucella Abortus

In this City there are only two suppliers of untreated milk. The farms where this is produced and bottled are in the County area. All the remainder of the milk is either pasteurised or sterilized. In view of this position no samples were obtained to determine the presence or otherwise of Brucella Abortus. The two suppliers mentioned above are tested by the County Council and during 1965 seven samples were obtained and these were found to be negative.

Liquid Egg (Pasteurisation) Regulations 1963

Number of egg pasteurisation plants in the district ..	Nil
Number of samples of liquid egg submitted to the Alpha-Amylase Test	5 (All Satisfactory)

FOOD AND DRUGS ACT 1955

Premises registered under Section 16 of the Act for the Manufacture, Storage and Sale of Food

This section prohibits the use of premises for the manufacture or sale of the under-mentioned foods, unless the premises are suitable for the purpose and are duly registered by the local authority.

(a) The sale or manufacture of ice cream or the storage of ice cream intended for sale; or

(b) The preparation or manufacture of sausages, potted, pressed, pickled or preserved food intended for sale (the preparation of meat or fish by cooking is deemed to be the preservation thereof for this purpose).

Before registration is effected the premises must comply with the provisions of the Food Hygiene (General) Regulations 1960, which lay down certain requirements relating to structural conditions, suitability and cleanliness, which must be observed in order to prevent contamination of the food produced or sold.

The number of premises registered under the Act is set out as follows:—

	1965
Number of premises on register, 1st January ..	1,296
Number of premises added to register during the year	26
Number of premises discontinued during year ..	2
Number of premises on register, 31st December	1,320

CLASSIFICATION OF PREMISES REGISTERED AT CLOSE OF YEAR

Premises registered for the manufacture of ice cream	11
Premises registered for the storage and sale of ice cream	994
Premises registered for the preparation or manufacture of pressed, potted or preserved meat, and manufacture of sausages ..	222
Premises registered for cooking of fish	93

ICE CREAM

Food and Drugs Act 1955 (Section 16)
Ice Cream (Heat Treatment, etc.) Regulations 1959
Ice Cream (Heat Treatment, etc.) (Amendment) Regulations 1963

The number of premises registered for the manufacture, storage and sale of ice cream within the City at the close of the year is as follows:—

	1965
No. of premises registered for manufacture and sale	11
No. of premises registered for storage and sale only	994

During the year frequent inspections of premises and vehicles were made and 107 samples of ice cream were obtained and submitted to the Public Health Laboratory for examination for bacteriological cleanliness in accordance with the Ministry's provisional grades.

The samples taken were graded as follows:—

Grade 1	60	satisfactory
Grade 2	29	
Grade 3	4	unsatisfactory
Grade 4	14	

These samples were taken from manufacturing premises, shops and vans operating in the City.

All the unsatisfactory samples were taken from manufacturing premises and 10 were from one factory. Investigations carried out at these premises revealed that inefficient sterilization of equipment, particularly taps, was the cause of these failures. The owner was cautioned and advised to ensure that all plant was efficiently sterilized.

Table of Comparison of Ice Cream Samples Taken 1961-1965

	No. of Samples	No. Satisfactory	No. Unsatisfactory	Percentage Unsatisfactory
1961	127	112	15	11.8%
1962	278	199	79	28.4%
1963	168	129	39	23.1%
1964	85	75	10	11.8%
1965	107	89	18	16.8%

BACTERIOLOGICAL EXAMINATION OF FOOD

During the year 44 samples of food were submitted to the Public Health Laboratory in connection with food poisoning and in respect of complaints from shops, etc., and including routine samples from markets, shops and warehouses.

Details of the samples submitted and the results obtained are set out below:—

Types of Food	No. Submitted	No. Satisfactory	No. Unsatisfactory
Baby Foods	10	10	—
Chocolate Cream Cake.. ..	1	1	—
Cooked Shellfish	18	11	7
Lamb Tongue (Tinned) ..	1	1	—
Milk Bottles	1	1	—
Milk	1	1	—
Mussels	3	3	—
Pork Shoulder	2	—	2 - Streptococcus Faecalis and Streptococcus Bovis.
Pressed Ham	1	—	1 - Streptococcus Bovis and Clostridium Welchii.
Plastic Ice Balls (water contents)	2	2	—
Strawberries	4	4	—

Ten samples were reported as being unsatisfactory and details of these and the action taken are as follows:—

Eleven samples of shellfish were taken from vendors who visit Public Houses in the City at night and four were found to be contaminated with Coliform Bacilli and Staphylococcus Aureus. The firm packing the shellfish were notified and also the Public Health Inspector of the district where the packing station was situated.

Seven other samples of shellfish were obtained from a local fishmonger and two of these, both crab meat, were found to be contaminated with Esch. Coliform and Staphylococcus Aureus. contaminated with Esch. Coliform and Staphylococcus Aureus. The suppliers were notified and also the Medical Officer of the district where the crab meat was packed.

The two samples of pork shoulder and one of pressed ham were canned products and these were found to be affected with Streptococcus Faecalis and Bovis. Upon receipt of these results the remainder of the stock of similar cans was surrendered and destroyed.

VISITS IN CONNECTION WITH FOOD INSPECTION

Warehouses	267
Food Shops	662
Canteens and Kitchens	27
Markets	137
Other Premises	46
Food and Drugs Sampling	389
Milk Sampling	312
	1,840

INSPECTION OF FOOD PREMISES

Confectioners	1,026
Cafes and Restaurants	891
Dairies	489
Milk Shops (Personal Registration)	924
Hawkers	25
Cooked Meat Shops	1,210
Fish Fryers	237
Ice Cream Shops	685
Butchers' Shops (Preserved Food)	431
Markets	128
Canteens and Kitchens	290
Schools	129
Food Vehicles	53
Butchers' Shops (Non-Registered)	411
Greengrocers	829
Bakehouses	115
Ice Cream Manufacturers	29
Cooked Meat Manufacturers	99
Warehouses	8
	8,000

Visits Only in Connection with Actual Food Inspection

Warehouses	267
Food Shops	662
Canteens and Kitchens	27
Markets	137
Other Premises	46
Food and Drugs Sampling	389
Milk Sampling	312
	1,840

Other Visits

Food Poisoning	515
Food Poisoning Revisits	67
Visits to Rivers and Watercourses	326
Visits re Water Sampling	229
Miscellaneous	1,241
Number of contraventions under Food Hygiene (General) Regulations 1960	2,333
Total	2,378

Details of Work Carried Out Under the Food Hygiene (General) Regulations 1960

Number of Food Premises:—	
Cleansed and Redecorated	653
Structural Repairs carried out	138
Lockers provided	60
Sinks provided	50
Wash hand basins provided	89
Hot water provided	178
Refrigeration provided	7
Screening of open food provided	41
Tables and counters covered with an impervious material	237
Floors repaired and renewed	212
Accumulations of refuse removed and storage bins provided	47
New first aid kits provided	187
Miscellaneous	448
Total	2,347

INSPECTIONS CARRIED OUT AT MARKETS, SHOPS AND STALLS

During the year 8,000 inspections were made of markets, shops and stalls, etc., where food is prepared, stored or exposed for sale, and 1,840 additional visits were made for the purpose of examining food to ascertain its fitness or otherwise for human consumption. In the cases where food was found to be unfit, it was surrendered by the owner, and a surrender certificate issued. The surrendered foods were destroyed or disposed of on Corporation tips.

The quantities of food surrendered as unfit during the year are set out below:—

	tons	cwts.	qrs.	lbs.
Meat	4	0	2	24½
Fish	2	12	3	25
Poultry	—	2	3	0
Fruit and Vegetables	34	4	0	6½
Others	2	2	0	5
	43	2	2	5

Canned Food Surrendered	
Meat	4,080
Fruit and Vegetables	21,815
Others	3,762
	29,657

BAKEHOUSES

The table below shows the number of bakehouses in the City on 31st December, 1965 and the number of inspections carried out during the year.

Contraventions of the Food Hygiene (General) Regulations 1960 were observed at eight bakehouses. Notices were served and at one bakehouse the owner was prosecuted and fined £15.

Number on register, January 1965	27
Number closed during the year	—
Number of changes of occupation	—
Number of new bakehouses opened during the year	1
Number on register, December 1965	28
Number of inspections carried out during 1965	115

RIVERS AND STREAMS

During the year under review 326 visits were made to the rivers and streams in the City and 78 samples were taken at various points. During the course of these inspections pollution was observed on a few occasions but none were of a serious nature. No serious continuous pollution was found and it is evident that any pollution which does occur is now of an intermittent nature, and in many cases is accidental. It appears that the continual inspection of these streams by this Department and members of the City Engineer's Department, particularly the Trades Wastes Officer, is having good effect. The samples taken have been consistently better than in previous years, which bears out the above statement concerning the general condition of the streams.

Details of Inspections carried out at Wholesale Market and Depots

	lbs.		lbs.
Re-inspections ..	1,672	Bone-Taint	942
Home-killed meat	167	Decomposition ..	4,259
Imported Meats ..	1,141	Malodour	60
Canned Meats ..	368	Abscesses	41
Meat from outside sources	905	Fibrositis	192
Other Meats ..	1,523	Bruising	53
		Moulds	135
		Souring	23
		Blood Splashing ..	71
	5,776		5,776

FOOD HYGIENE (GENERAL) REGULATIONS, 1960

The following information concerning the operation of Regulations 16 and 19 of the Food Hygiene (General) Regulations, 1960 in relation to food premises locally is provided in accordance with the direction contained in Circular 1/66 issued by the Minister of Health.

Regulation 16 requires *inter alia* that in all food premises suitable and sufficient wash hand basins with hot and cold water, etc., for the use of all persons engaged in the handling of food on or about those premises, shall be provided.

Regulation 19 requires *inter alia* that there shall be provided and maintained in all food premises suitable and sufficient sinks or other facilities with hot and cold water, etc. (not being wash hand basins available as mentioned in paragraph (3) of Regulation 16 of the Regulations) for washing food and equipment used in the food business.

The number and categories of food premises subject to the Food Hygiene (General) Regulations, 1960 are:—

	No. of Premises	No. Complying with Reg. 16	No. to which Reg. 19 Applies	No. Complying with Reg. 19
1. Confectioners	305	305	305	305
2. Cafes and Restaurants	146	144	146	146
3. General food and milk shops (personal registration)	483	483	483	483
4. Food Hawkers premises ..	61	61	61	61
5. General food shops selling cooked meats	702	702	702	702
6. Fish friers premises	93	90	93	93
7. General food shops at which ice-cream is sold	994	901	994	946
8. Retail butchers shops—Registered—preserved food	78	78	78	78
9. Retail butchers shops — Non Registered	195	194	195	195
10. Markets	3	3	3	3
11. Canteens and kitchens	106	106	106	105
12. School kitchens	108	108	108	108
13. Green Grocers	240	240	240	240
14. Bakehouses	28	28	28	28
15. Ice-cream manufacturers ..	11	11	11	11
16. Cooked meat manufacturers ..	144	144	144	144
17. Food warehouses	10	10	10	10
18. Licenced premises	233	230	233	233
Total No. of premises ..	3,940	3,838	3,940	3,891

FOOD HYGIENE

In spite of all informal efforts to improve conditions at many food premises, it is regretted that it was necessary during the year to prosecute the owners of 11 food premises for serious contraventions of the Food Hygiene (General) Regulations, 1960. It cannot be stressed too strongly that the public can help greatly by not patronizing unsatisfactory food premises, and by informing the Public Health Inspector's Department of conditions which require remedying. Few such complaints are received by the Department, probably due to the nation's reluctance to act as informers to authority, but if that is so the customer should have the courage to complain at the time to the shopkeeper or manager. There is no more salutary a lesson in food hygiene than such a direct complaint, particularly when one remembers that it is a tenet of business that the customer is always right.

The total number of visits made during the year to food premises was 10,382, and 2,226 contraventions of the Food Hygiene (General) Regulations, 1960 were found. Notices were served in respect of the contraventions, and legal proceedings taken where necessary. Improvements effected during the year following such action totalled 2,347.

Additional staff has resulted in more time being available to inspect food premises, and conditions in restaurants and cafes in particular have improved considerably. Fines levied by the magistrates for contraventions of the Regulations were substantial. The widespread publicity given to the proceedings in the local press resulted in the requirements of the Department being met much more quickly and proprietors were more amenable to suggestions for the improvement of layout of equipment and improvements in structural conditions which, although advantageous to food hygiene could not be strictly enforced in law. Such advice is given so that premises could be used at their maximum capacity without resulting in conditions which might so deteriorate as to lead to prosecution. It has been found that much equipment is badly placed and designed, which leads to difficulties in cleaning.

During the year two restaurants were closed voluntarily by the owners to avoid the expensive works required where the structure was incapable of being brought to the necessary standards without considerable reconstruction. Two proprietors who were prosecuted gave up the trade and sold their businesses to new owners.

SWIMMING BATHS AND PADDLING POOLS

There are 15 swimming baths and three paddling pools within the City, and these received 139 visits of inspection during the year. Eleven of the swimming baths are at schools, two are public baths owned by the Corporation and there are two privately owned swimming baths open to the public. The paddling pools are situated within public parks.

The water in all pools is regularly sampled for free chlorine levels and for alkalinity. When necessary bacteriological samples are also taken and submitted to the Public Health Laboratory Service. A total of 148 samples was taken during the year. In most instances the water was found to be adequately chlorinated and of a satisfactory alkalinity, and in no instance was the water found to present a risk to public health. One open air swimming bath, however, was found to have low residual chlorine levels during the year, and this was found to be due to the use of a cascade before the entry of the water to the pool. Free chlorine levels dropped markedly at this point due to loss of chlorine to the atmosphere. Hand chlorination had to be resorted to by the use of a hypochlorite solution at certain times to maintain the chlorine levels. This cascade is to be discontinued in the closed season, and the water will enter the pool directly which should ensure that the chlorine content is maintained.

Ten bacteriological samples were taken from the Livingstone Road public baths during the year and all were satisfactory, no pathogenic bacteria being found in any of the samples.

Two complaints were received from members of the public with regard to chlorine irritation to the eyes when using an indoor swimming pool. The chlorine levels were found to be satisfactory, and in all probability the irritation was due to the inadequate ventilation of the pool at the time of complaint.

COVENTRY CORPORATION ACT, 1948 — SECTIONS 56 & 76 FOOD HAWKERS

The Local Act provisions require all persons not keeping open shop who sell, offer or expose for sale any food from any cart, barrow or other vehicle or from any basket, pail, tray or other receptacle to be registered with the Corporation. The premises used as storage accommodation for any food intended for sale from such vehicle or receptacle are also required to be registered. At the end of the year the number of persons registered was 115, and in 61 instances the premises were also registered.

During the year five applications were received from persons seeking registration as food hawkers. The vehicles proposed to be used were inspected and found to be satisfactory. In the case of three of these applications the premises intended to be used as storage accommodation were inspected. Registration was approved in each case.

For the purpose of registration the mobile food shop and food storage premises, where these are used in conjunction with the vehicle, are required to comply with the provisions of the Food Hygiene (General) Regulations, 1960 as they apply to food business of this kind.

Seventy-eight inspections of mobile food vehicles and food storage premises were made during the year.

COMMON LODGING HOUSES

There is one registered common lodging house in the City. This is under the control of the Men's Social Section of the Salvation Army.

A Deputy Keeper, appointed under the Act, resides on the premises for the purpose of management and supervision. The nightly average of men seeking accommodation during the year is in excess of 150, and it is rare that accommodation is vacant. The night's lodgings consists of a bed and breakfast, but full board is available for those men who order it.

The communal facilities, wash rooms and bathrooms are clean and well maintained. The food preparing kitchen and dining rooms are satisfactory and the standards achieved are of a good order.

The establishment was well conducted throughout the year and provided a much needed shelter and comfort for old and young alike. Extra care and consideration is shown by the management towards the number of aged lodgers who are more or less permanently settled in the hostel. The appreciation of these men is expressed in the number of years many of them have made this hostel their home.

Fourteen visits of inspection were made during the year at various times of the day and night. Conditions were found to be satisfactory and there was no overcrowding. The buildings, though old, are maintained in reasonable condition.

FACTORIES ACT, 1961

The following tables show the number of factories in the City, the number of inspections carried out, contraventions observed, and written notices served. The 65 outworkers shown in table 3, as notified in the August lists, were employed in two trades only, these were the making of wearing apparel, and the making of cardboard boxes. Twenty-one inspections of outworkers' premises were made during the year.

Table 1 — Inspection

Premises (1)	Number on Register (2)	Number of Inspections (3)	Number of Written Notices (4)	Number of Occupiers Prosecuted (5)
1. Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	21	18	1	—
2. Factories not included in 1, in which Section 7 is enforced by the Local Authority	1,006	235	27	—
3. Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises)	15	15	1	—
Total	1,042	268	29	—

Table 2 — Defects

Particulars (1)	Number of cases in which defects were found: Found (2)	Remedied (3)	Referred: To H.M. Inspector (4)	Referred: By H.M. Inspector (5)	Number of cases in which prosecutions were instituted (6)
Want of cleanliness (S.1) ..	1	1	—	1	—
Overcrowding (S.2) ..	—	—	—	—	—
Unreasonable temperature (S.3)	—	—	—	—	—
Inadequate ventilation (S.4)	—	—	—	—	—
Ineffective drainage of floors (S.6)	—	—	—	—	—
Sanitary Conveniences (S.7)					
(a) Insufficient	4	4	—	4	—
(b) Unsuitable or defective	23	22	—	15	—
(c) Not separate for sexes	—	—	—	—	—
Other offences against the Act (not including offences relating to outwork)	1	1	—	—	—
Total ..	29	28	—	20	—

PART VIII OF THE ACT
Outwork
(Sections 133 and 134)

Nature of Work	Section 133			Section 134		
	No. of outworkers in August list required by Section 133(1)(c)	No. of cases of default in sending lists to the Council	No. of prosecutions for failure to supply lists	No. of instances of work in unwholesome premises	Notices served	Prosecutions
(1)	(2)	(3)	(4)	(5)	(6)	(7)
Wearing apparel { Making etc., Cleaning and Washing	37	—	—	—	—	—
Household linen	—	—	—	—	—	—
Lace, lace curtains and nets	—	—	—	—	—	—
Curtains and furniture hangings ..	—	—	—	—	—	—
Furniture and upholstery	—	—	—	—	—	—
Electro-plate ..	—	—	—	—	—	—
File making ..	—	—	—	—	—	—
Brass and brass articles	—	—	—	—	—	—
Fur pulling ..	—	—	—	—	—	—
Iron and steel cables and chains	—	—	—	—	—	—
Iron and Steel anchors and grapnels	—	—	—	—	—	—
Cart gear ..	—	—	—	—	—	—
Locks, latches and keys	—	—	—	—	—	—
Umbrellas, etc.	—	—	—	—	—	—
Artificial flowers	—	—	—	—	—	—
Nets, other than wire nets ..	—	—	—	—	—	—
Tents	—	—	—	—	—	—
Sacks	—	—	—	—	—	—
Racquet and tennis balls ..	—	—	—	—	—	—

PART VIII OF THE ACT (Contd.)
Outwork
(Sections 133 and 134)

Nature of Work	Section 133			Section 134		
	No. of outworkers in August list required by Section 133(1)(c)	No. of cases of default in sending lists to the Council	No. of prosecutions for failure to supply lists	No. of instances of work in unwholesome premises	Notices served	Prosecutions
(1)	(2)	(3)	(4)	(5)	(6)	(7)
Paper bags ..	—	—	—	—	—	—
The making of boxes or other receptacles or parts thereof made wholly or partially of paper	28	—	—	—	—	—
Brush making ..	—	—	—	—	—	—
Pea picking ..	—	—	—	—	—	—
Feather sorting ..	—	—	—	—	—	—
Carding, etc., of buttons etc. ..	—	—	—	—	—	—
Stuffed toys ..	—	—	—	—	—	—
Basket making ..	—	—	—	—	—	—
Chocolates and sweetmeats ..	—	—	—	—	—	—
Cosaques, Christmas stockings, etc.	—	—	—	—	—	—
Textile weaving ..	—	—	—	—	—	—
Lampshades ..	—	—	—	—	—	—
Total ..	65	—	—	—	—	—

TABLE 3 — HOMEWORK
(Sections 133—134)

Nature of Work	Section 133			Section 134		
	No. of outworkers in August list required by Section 133(1)(c)	No. of cases of default in sending lists to the Council	No. of prosecutions for failure to supply lists	No. of instances of work in unwholesome premises	Notices served	Prosecutions
(1)	(2)	(3)	(4)	(5)	(6)	(7)
Wearing apparel — Making etc., Cleaning and Washing	37	—	—	—	—	—
The making of boxes or other receptacles or parts thereof made wholly or partially of paper	28	—	—	—	—	—
Total	65	—	—	—	—	—

COVENTRY CORPORATION ACT, 1948 — SECTION 57 HAIRDRESSERS AND BARBERS PREMISES

The local act provisions controlling hairdressers and barbers in the City require every person who carries on the trade or business of a hairdresser or barber to register his or her name, place of abode and the business premises with the Corporation. For the purpose of securing a reasonable standard of hygiene control in the conduct of the premises registered under the Act, byelaws made by the Corporation under its own legislative control are also enforced by the Public Health Inspector's Department.

The object of the byelaws is twofold:—

(a) the cleanliness of any premises so registered and of the instruments, towels, materials and equipment used therein, and

(b) the cleanliness of persons employed in such premises in regard to both themselves and their clothing.

It is a condition of registration that a copy of the byelaws made under this section is displayed in the registered premises.

Two hundred and thirty-six inspections of hairdressers and barbers premises were made during the year under review.

Applications in respect of sixteen premises were approved during this period and three such premises were discontinued. There were three premises where a change of occupier occurred and at the year's end there were three hundred and sixty-three premises recorded in the register.

DISINFESTATION SERVICE

Twenty-seven cases of vermin infested dwelling houses were dealt with by the Department during the year as compared with 67 cases dealt with in the previous year.

The bed bug (cimex lectularius) was the pest requiring most attention, and complete disinfestation was carried out in each instance. The insecticides used contain D.D.T. and Gammexane in powder or liquid form or generated as a residual smoke.

The human flea (pulex irritans) was found in a few instances and was effectively dealt with.

The demand for the services of the department to deal with infestations of insect pests other than the bed bug and flea was met in 255 cases. The insects eradicated included cockroaches, ants, wasps, crickets, flies, wood worm and beetles. The incidence of the German cockroach (steam fly) found to be infesting canteen food kitchens also required attention. Successful treatments were carried out in each instance by the use of liquid insecticides and dusting powders containing D.D.T.

There was an appreciable reduction in the locations and extent of this particular insect pest which the Department was called upon to treat. It is most encouraging to record that the effectual disinfestation of a large canteen food kitchen where steam fly had gained an extensive hold was sustained since treatment was applied three years ago.

			Type of Property				
			Non-Agricultural				
			(1) *Local Authority*	(2) *Dwelling Houses (inc. Council Houses)*	(3) *All Other (including Business Premises)*	(4) *Total of Cols (1) (2) & (3)*	(5) *Agricultural*
I	Number of properties in Local Authority's District .. .. (See notes 1 and 2 overleaf)		1,500	104,060	16,593	122,153	39
II	Total number of *properties inspected* as a result of notification (See note 3)		161	2,219	120	2,500	2
	Number of such properties found to be infested by:—						
	Common rat	Major	Nil	Nil	Nil	Nil	Nil
		Minor ..	100	1,367	73	1,540	2
	Ship rat	Major ..	Nil	Nil	Nil	Nil	Nil
		Minor ..	Nil	Nil	Nil	Nil	Nil
	House mouse .. (See Note 4)	Major ..	Nil	Nil	Nil	Nil	Nil
		Minor ..	59	184	28	271	1

Table F—Exemptions

M/c. Line No.	Class of premises (1)	No. of exemptions current at 31st Dec. (2)	No. of exemptions granted or extended during year (3)	No. of applications refused or exemptions withdrawn during year (4)	No. of cases in cols. (3) and (4) where employees opposed application (5)	Appeals to Court against refusal to grant or extend an exemption or against the withdrawal of an exemption	
						No. made (6)	No. allowed (7)
	PART I — SPACE (SEC. 5 (2))						
1	Offices	Nil	Nil	Nil	Nil	Nil	Nil
2	Retail shops	Nil	Nil	Nil	Nil	Nil	Nil
3	Wholesale shops, warehouses ..	Nil	Nil	Nil	Nil	Nil	Nil
4	Catering establishments open to public, canteens	Nil	Nil	Nil	Nil	Nil	Nil
5	Fuel storage depots	Nil	Nil	Nil	Nil	Nil	Nil
	PART II — TEMPERATURE (SEC. 6)						
11	Offices	Nil	Nil	Nil	Nil	Nil	Nil
12	Retail shops	Nil	Nil	Nil	Nil	Nil	Nil
13	Wholesale shops, warehouses ..	Nil	Nil	Nil	Nil	Nil	Nil
14	Catering establishments open to public, canteens	Nil	Nil	Nil	Nil	Nil	Nil
	.. ..			Nil	Nil	Nil	Nil

21	Offices	Nil	Nil	Nil	Nil	Nil	Nil
22	Retail shops	Nil	Nil	1	Nil	Nil	Nil
23	Wholesale shops, warehouses ..	Nil	Nil	Nil	Nil	Nil	Nil
24	Catering establishments open to public, canteens	Nil	Nil	Nil	Nil	Nil	Nil
25	Fuel storage depots	Nil	Nil	Nil	Nil	Nil	Nil
	PART IV — WASHING FACILITIES (Sec. 10)						
31	Offices	Nil	Nil	1	Nil	Nil	Nil
32	Retail shops	Nil	Nil	1	Nil	Nil	Nil
33	Wholesale shops, warehouses ..	Nil	Nil	Nil	Nil	Nil	Nil
34	Catering establishments open to public, canteens	Nil	Nil	Nil	Nil	Nil	Nil
35	Fuel storage depots	Nil	Nil	Nil	Nil	Nil	Nil

PREVENTION OF DAMAGE BY PESTS ACT, 1949

The work of rodent control was carried out by the Rodent Officer and Rodent Operatives in accordance with the requirements of the Prevention of Damage by Pests Act, 1949.

Complaints by occupiers have been investigated and treatment carried out where necessary. During the period under review survey inspections were made and infestations dealt with forthwith. The work carried out by the Rodent Control Section of the Department enumerated in the following table covers the period 1st January 1965 to 31st December, 1965.

The work of systematically baiting the sewers with poison, which is carried out by the City Engineer's Department, was continued during the year. In this connection a first maintenance treatment of twenty sections, a second maintenance treatment of seven sections and a third maintenance treatment of two sections of the City's main sewerage system were completed. A total of 1,227 manholes in the sewer were treated.

II	Total number of *properties inspected* in the course of *survey under the Act*	Nil	337	—	337	19
	Number of such properties found to be infested by:—					
	Common rat .. Major ..	Nil	Nil	Nil	Nil	Nil
	Common rat .. Minor ..	Nil	198	Nil	198	19
	Ship rat .. .. Major ..	Nil	Nil	Nil	Nil	Nil
	Ship rat .. .. Minor ..	Nil	Nil	Nil	Nil	Nil
	House mouse .. Major ..	Nil	Nil	Nil	Nil	Nil
	House mouse .. Minor ..	Nil	20	Nil	20	Nil
V	Total number of *properties otherwise inspected* (e.g. when visited primarily for some other purpose)	Nil	Nil	Nil	Nil	Nil
	Number of such properties found to be infested by:— Common rat Major / Minor; Ship rat Major / Minor; House mouse Major / Minor	Nil	Nil	Nil	Nil	Nil
	Total inspections carried out including re-inspections. (To be completed only if figures are readily available)	508	6,962	354	7,824	21
VI	Number of *infested properties* (in Sections II, III & IV) treated by the L.A...	159	1,537	95	1,791	3
VII	Total treatments carried out including re-treatments. (To be completed only if figures are readily available). (See note 3) ..	159	1,537	95	1,791	2
VIII	Number of notices served under Section 4 of the Act: (a) Treatment	Nil	Nil	Nil	Nil	Nil
	(b) Structural work (i.e. proofing)	Nil	Nil	Nil	Nil	Nil
IX	No. of cases in which default action was taken following the issue of a notice under Section 4 of the Act	Nil	Nil	Nil	Nil	Nil
X	Legal Proceedings	Nil	Nil	Nil	Nil	Nil
XI	Number of Block control schemes carried out	Nil	Nil	Nil	Nil	Nil

WORK EFFECTED UNDER THE PUBLIC HEALTH ACTS AND HOUSING ACTS

DWELLING HOUSES	1964	1965
External		
Roofs repaired	144	117
Walls and Chimney Stacks repaired	63	68
Yard and passages repaired	1	4
Drains including roof drainage cleared or repaired	830	518
Sanitary accomodation repaired or provided	185	151
Other repairs	2	3
Internal		
Floors repaired	119	91
Walls and ceilings repaired	141	118
Dampness remedied	134	189
Windows repaired	229	234
Staircases repaired	18	18
Firegrates and flues repaired	29	34
Premises cleansed or disinfested	15	4
Sinks; baths, etc. repaired	104	52
Water supply provided	2	1
Miscellaneous		
Refuse disposal and/or storage	115	109
Other matters	517	199
	2,648	1,910

IMPROVEMENTS EFFECTED AT FOOD PREMISES

Total number of improvements effected	1,654	2,347

SERVICE OF NOTICES

Public Health Acts

Number of Informal Notices served	759	820
Number of Statutory Notices served	456	555

Clean Air Act

Number of Statutory Notices served	1,550	1,509

RIDING ESTABLISHMENTS ACT, 1964

This Act, together with the Pet Animals Act, 1951 and the Animal Boarding Establishments Act, 1963, now gives to local authorities licensing control and supervision over organised business dealings in the whole range of domesticated animals. The Riding Establishments Act, however, contains one important difference in that the local authority is required to receive and consider a report by a veterinary surgeon or veterinary practitioner of an inspection of the premises before reaching a decision on any application for a licence. Another variation is that a local authority cannot institute proceedings for alleged non-compliance with a licence condition in force unless a veterinarian has reported that an offence has been committed. Only local authorities may take proceedings in any case, and their officers authorised in writing may inspect and report upon establishments proposed or established under this Act.

The horse, as defined by this statute, when kept for the business of hiring for riding, is well provided for by the measures designed specially for its protection against unsuitable accommodation, ill treatment, misuse, exposure to illness or disease, pain and suffering and any other avoidable conditions detrimental to the well-being of the animal.

A veterinary surgeon was authorised in accordance with the provisions of the Act and reported upon three riding establishments kept at premises in the City. A licence was granted in each instance.

PET ANIMALS ACT, 1951

Twenty pet shop licences were granted during the year. Of these, eighteen licences were granted in the form of renewals in respect of existing pet shops and two licences were new. Two licensed pet shops were discontinued during this period.

Thirty visits were made to pet shops for the purpose of ensuring that the licence conditions were fully observed.

ANIMAL BOARDING ESTABLISMENTS ACT, 1963

Four licences were issued during the year under review subject to the conditions set out in the licences being observed.

OFFICES, SHOPS AND RAILWAY PREMISES ACT, 1963

Report for the year ended 31st December, 1965

At 31st December, 1965, 91 per cent of the 3,275 premises in the City which are registerable under the above Act had received a general inspection. The remaining premises are in one group of food premises and are, at present, in process of inspection.

A start will be made on second general inspections from January, 1966 onwards, and it is anticipated that this second inspection of premises will be completed in less time than the first general inspection as the time-consuming requirement of recording structural condition, facilities provided and layout of premises will already have been completed. Furthermore, the number of premises which will be found to be in contravention of the Act will be greatly reduced as the majority of contraventions should have been remedied following the first general inspection.

During the year 2,333 contraventions of the Act were discovered at premises. Occupiers of premises were notified of the contraventions by means of the service of informal notices, and 1,060 such notices were served. Notices complied with during the year totalled 1,053, and this included some of the notices served in 1964 which had not been complied with by 31st December of that year.

Information was laid before the magistrates in respect of seven contraventions and fines ranging from £5 to £10 were imposed for each contravention. These prosecutions followed the refusal of employers to comply with notices served. In general, co-operation by employers has been good although the novelty of enforcement of Acts of Parliament within some premises has caused some resistance from a few of the employers involved.

Only two applications for exemption from requirements of the Act were received, and of these one was refused by the local authority, and one lapsed when the premises were vacated before the application was considered by the authority.

The following specific comments upon the application of the Act are made.

Cleanliness—Section 4

Few instances have been found of gross removable dirt within any premises, but it is clear that office premises in particular are not painted as frequently as might be desired. Many instances have been found of paintwork which, although physically clean, is discoloured and stained, and in the absence of stated intervals of redecoration informal pressure only has been brought to bear upon employers and owners concerned.

Notices were served in respect of 202 contraventions of this section. It has been found that the repair of internal structural defects has only been possible under this section where such defects made cleaning difficult.

Informations were laid in respect of three contraventions of this section and fines of £10 were imposed in each case.

Overcrowding—Section 5

Eleven instances of overcrowding of premises so as to be prejudicial to health were recorded, and the employers were requested to abate the overcrowding. This was achieved by the taking of additional accommodation, or by the rearrangement of the occupation of rooms.

In general, it has been found that ample space is provided for employees, and it is not anticipated that many contraventions will be found of the numerical space standard which will come into force on the 1st August, 1967.

Temperature—Section 6

Objections have been received from the butchery trade and the green grocery trade in the enforcement of this section. The difficulty of agreement with these trades lies in the phrase "where the maintenance of a reasonable temperature would cause deterioration of goods". It is, of course, clear that some deterioration of goods would be caused in many trades, but whether it would be of such significance as to interfere with trade is debatable. It has been shown that external air temperatures exceed 50°F on as many as 255 days in one year in this area, and that internal temperatures show an average increase indoors of 10°F above external temperature. There is no evidence that goods are removed from open display in such shops during the times of the year when such a temperature has been reached naturally. Many other trades could claim deterioration, such as florists, cooked meat shops, cake shops, etc. and this would remove many premises from the enforcement of the section. The matter has been placed before the Ministry of Labour for further guidance of interpretation, otherwise recourse to law for a judicial decision would be necessary. The temperature requirement should apply to all shops other than open fronted ones.

Difficulties have been experienced by employers when premises open after closure for some days during cold periods, and some premises have not reached the required temperature after one hour. An attempt to anticipate conditions during cold weather has been made by suggesting to employers that a minimum of 1 kilowatt, or its equivalent, in heating is provided for each 1,000 cubic feet, which should ensure a rise of 30°F over outside temperatures with average building structures. Forecasts can thus be made during warm weather in respect of possible contraventions in severely cold weather.

Comments have been made by some employees of excessive temperatures, particularly in catering premises and in glass-walled offices. This has usually been met by a demand for increase in ventilation and screening, but it may well be necessary to nominate a maximum temperature for premises independent from humidity considerations. Notices were served in respect of 462 contraventions of this section.

One prosecution was taken in respect of a contravention of this section and a fine of £5 was imposed.

Ventilation—Section 7

Only isolated instances of difficulties have been experienced. These have been connected with security risks at premises where the windows have been permanently fastened, and also with the modern shop facade which has no provision for ventilation. Doors have frequently been mistakenly described as means of ventilation, and some employers have been resistant to objections on this point.

The sales basement of large stores have been found to be inadequately ventilated during maximum rush periods, the air feeling vitiated and conditions oppressive.

Notices have been served in respect of 89 contraventions of this section.

Lighting—Section 8

It is the opinion of this authority that a declared standard of lighting, measured in lumens, is the only practicable means of enforcing this section. Subjective assessment other than glare assessment has been found to be impossible except where installations are utterly inadequate. The standard of the Illuminating Engineering Society has been recommended to employers but with little success. Many employers are already providing standards of lighting in excess of these, and it may be significant that where good lighting is essential to sell goods it has been provided freely and in abundance. It is felt that provided that sufficient time is provided for compliance with the I.E.S. standards they will become acceptable and they will become the basic requirement, not only for efficiency, but for the comfort of employees and for their psychological well-being.

Forty-seven notices have been served in respect of unsuitable or insufficient lighting.

Sanitary Conveniences—Section 9

Relatively few instances were found of inadequate numbers of conveniences, and the 359 notices served were mainly in connection with defective facilities. One application for exemption was received but this lapsed following the removal of the firm from the premises before the matter could be considered by the local authority.

Comments were made by female employees where their number was less than 10 in the premises, that they felt that incineration for sanitary dressing should be provided in all premises, and that the limitation of a purely arbitrary number of 10 did not make sense.

Washing Facilities—Section 10

Notices were served in respect of 280 contraventions of this section and mainly referred to the absence of a hot water supply. Washing facilities were found to vary from the worst instance of a cold water tap attached to a wall and discharging over the rear

yard, to the most modern installations. Two applications for exemption were received, one application was refused and the other lapsed when the premises were vacated. Two employers were prosecuted for not providing proper washing facilities following their refusal to comply with the Act, and they were fined £10 and £5 respectively.

Drinking Water—Section 11

Five contraventions only were noted and notices were served in each instance.

Accommodation of Clothing—Section 12

Many premises were found where clothing was hung in close contact thus preventing it from drying during working hours. Notices were served in respect of 96 contraventions.

Seating—Section 13 and 14

In the absence of B.S. standards for office seating, it has been found to be difficult to administer this requirement. Complaints were received in one or two instances of discomfort, even where standard typing chairs were used. It was felt that many complaints of muscle pain and headaches by typists may well be the result of posture difficulties or other causes. Notices were served for 23 contraventions of Section 13, and 12 contraventions of Section 14.

Facilities for Eating—Section 15

Notices were served in respect of 17 contraventions. In three instances proprietors of shops prohibited the eating of meals on the premises following inspection, so as to avoid having to provide such facilities.

Floors, Passages and Stairs—Section 16

Some minor accidents were caused by floors which were constructed of slippery materials such as terazzo finish. Such floors are not in themselves illegal, but advice has been given to employers to give consideration to providing means of preventing slips upon such floors.

In smaller shops inadequate storage space caused obstruction of passageways with goods.

One accident was caused, during the year, by an unfenced floor opening which gave access to electrical apparatus. An employee fell through the opening, despite another employee having been instructed to stand guard over the opening, the accident taking place when his attention was momentarily distracted. Fortunately the accident did not result in serious injury.

Many floors were found defective, and some provided with coverings which had become dilapidated and dangerous.

Notices were served in respect of 143 contraventions of this section.

Dangerous Machinery—Section 17

Two accidents were notified which had resulted in injury to employees while using food slicing machines. Three accidents were attributable to lifts and hoists. Fifty-seven notifications were sent to employers in respect of inadequate guarding of machinery. The gravity feed slicer remained as the most difficult machine to adequately guard, and enforcement action was suspended pending advice from the Ministry of Labour that an adequate guarding was available which complied not only with the Offices Act, but also with the Food Hygiene (General) Regulations, 1960.

Prohibition of Heavy Work—Section 23

Eight accidents were reported which occurred while picking up weights. In no instance was this found to be due to the weight of the material but rather to the wrong technique of lifting being practised. In one instance injury followed the unauthorised lifting of sacks of sugar by a female employee when requested to do so by a visiting delivery driver.

First-Aid—Section 24

Notices were served in respect of 383 contraventions of this section. One prosecution was taken and a fine of £5 was levied by the Magistrates for failure to provide first-aid equipment.

Exemptions—Sections 45 and 46

It was expected that many applications for exemption from the requirements of sections 9 and 10 would be received, as this City is subject to extensive redevelopment and the life of some premises is relatively short. This has not been the case and employers have readily met their obligations. One application was received and refused, and one application was received but subsequently withdrawn.

Accidents—Section 48

It is now clear that all accidents are not being reported by employers. Of 72 accidents notified during the year 37 were from three employers only. It is beyond credibility that two large department stores have suffered 70 per cent of casualties for such shops, that one shop had 19 accidents out of the total of 24 accidents in multiple grocers, and that one brewery firm has suffered 90 per cent of casualties in public houses. It is also difficult to accept that accidents are associated only with firms having high employee welfare facilities. It must be that such firms are the firms who report accidents to staff as part of their conscientious service to employees. It is impossible to believe that no accidents occurred in any other smaller premises during the year. An attempt has been made to acquaint all employers, or their supervisory staff, with the requirements of section 48 during the inspection of premises, and it will be necessary in the future to ask staff whether accidents have happened in the past. Unless all accidents are reported the pattern of accidents

will be incomplete, and the conclusions to be drawn from them will be distorted.

There were no accidents causing serious injuries reported during the year.

Falls of persons accounted for 38 per cent of all accidents. This rate is understandable when it is seen that 143 contraventions of section 16, relating to floors, passages and stairs were observed.

It was noted that many instances have been found where electric fires have over-long electric wiring to enable the fire to be moved where convenient, and thus provided a risk to employees from the possibility of tripping over such wires.

Carelessness in handling tools and goods resulted in accidents amounting to 30 per cent of the total.

ANALYSIS OF CONTRAVENTIONS

Section	Number of Contraventions found	
4	Cleanliness	202
5	Overcrowding	11
6	Temperature	462
7	Ventilation	89
8	Lighting	47
9	Sanitary Conveniences	359
10	Washing facilities	280
11	Supply of Drinking Water	5
12	Clothing Accommodation	96
13	Sitting Facilities	23
14	Seats (Sedentary Works)	12
15	Eating Facilities	17
16	Floors, passages and stairs	143
17	Fencing exposed parts machinery	57
18	Protection of young persons from dangerous machinery	NIL
19	Training of young persons working at dangerous machinery	3
23	Prohibition of heavy work	NIL
24	First-Aid	383
49	General Provisions	115
50	.. ..	29
	Total	2,333

Analysis of Reported Accidents

	Offices	Retail Shops	Wholesale Warehouses	Catering establishments open to public canteens	Fuel Storage Depots
Machinery	1	4	—	—	—
Transport	—	5	—	1	—
Falls of persons ..	5	12	3	10	—
Stepping on or striking against object or person	—	4	—	—	—
Handling goods ..	—	13	—	4	—
Struck by falling object	—	3	—	—	—
Fires and Explosions ..	—	1	—	—	—
Electricity	—	—	—	—	—
Use of hand tools ..	—	5	—	—	—
Not otherwise specified	1	2	—	—	—

Table A

Registrations and General Inspections

Class of premises	Number of premises registered during the year	Total Number of registered premises at end of year	Number of registered premises receiving a general inspection during the year
(1)	(2)	(3)	(4)
Totals	441	3,275	2,097
Offices	101	859	500
Retail shops	257	1,996	1,465
Wholesale shops, warehouses	10	134	41
Catering establishments open to the public, canteens	71	280	85
Fuel storage depots ..	2	6	6

Table B

NUMBER OF VISITS OF ALL KINDS BY INSPECTORS TO REGISTERED PREMISES

7,092

Table C

ANALYSIS OF PERSONS EMPLOYED IN REGISTERED PREMISES BY WORKPLACE

Class of Workplace	Number of persons employed
(1)	(2)
Offices	7,949
Retail shops	11,781
Wholesale departments, warehouses	1,251
Catering establishments open to the public	3,046
Fuel storage depots	61
Canteens	198
Total	24,286
Total Males ..	9,285
Total Females ..	15,001

Table D—Prosecutions

Prosecutions instituted of which the hearing was completed in the year

Section of Act or title of Regulation or Order	No. of persons or companies prosecuted	No. of informations laid	No. of informations leading to a conviction
Section 4..	1	3	3
Section 6..	1	1	1
Section 10	2	2	2
Section 24	1	1	1

No of complaints (or summary applications) made under Section 22	Nil
No. of interim orders granted	Nil

Reported Accidents

Workplace	No. Reported	Total No. Investigated	Action recommended			No. action
			Prosecution	Formal warning	Informal advice	
Offices	7	3	—	—	3	4
Retail Shops ..	49	17	—	—	17	32
Wholesale Shops, Warehouses ..	3	3	—	—	3	—
Catering Establishments open to public, canteens	15	11	—	—	11	4
Fuel Storage Depots	—	—	—	—	—	—
Totals	74	34	—	—	34	40

Summary of Miscellaneous Work

FOR THE PAST TEN YEARS

	1956	1957	1958	1959	1960	1961	1962	1963	1964	1965
No. of visits and revisits to premises	36,684	28,260	36,438	40,783	41,666	43,777	58,119	49,479	50,590	55,652
,, complaints received	5,741	4,502	5,013	5,140	5,224	5,652	4,338	3,499	3,359	3,637
,, visits respecting infectious diseases ..	1,486	214	162	336	210	237	271	*691	*712	*762
,, notices issued for abatement of nuisances including informal and statutory	1,856	1,537	1,729	2,138	1,971	1,651	1,878	1,605	1,115	1,375
,, statutory notices not complied with at the close of the year	113	37	76	170	175	164	76	62	114	110
,, summonses issued for non-compliance with notices served to abate nuisances ..	9	15	24	29	26	36	41	8	18	1
,, registered premises	2,907	2,084	3,265	3,342	2,322	3,330	3,395	3,372	3,413	6,747
,, visits paid to registered premises	1,505	1,521	2,588	2,147	2,169	2,235	3,571	3,803	3,947	11,585
,, references to other Departments ..	5,452	5,020	5,670	8,538	10,220	8,281	7,610	7,966	7,856	9,722

*includes suspected food poisoning cases.

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CAUSES OF AND AGES AT DEATH, 1965

CAUSES OF DEATH	Total Deaths 1964			Under 1 year	1 and under 5	5 and under 15	15 and under 45	45 and under 65	65 and upwards
	Males	Females	Total						
1. Tuberculosis Respiratory	10	—	10	—	—	—	—	8	2
2. Tuberculosis Other ..	—	—	—	—	—	—	—	—	—
3. Syphilitic Disease ..	3	1	4	—	—	—	—	—	4
4. Diphtheria	—	—	—	—	—	—	—	—	—
5. Whooping Cough	—	—	—	—	—	—	—	—	—
6. Meningococcal Infection ..	—	1	1	—	1	—	—	—	—
7. Acute Poliomyelitis ..	—	—	—	—	—	—	—	—	—
8. Measles	—	—	—	—	—	—	—	—	—
9. Other Infective and Parasitic Diseases	1	4	5	—	1	1	2	1	—
10. Malignant Neoplasm, Stomach	43	37	80	—	—	—	2	34	44
11. ditto Lung, Bronchus ..	125	20	145	—	—	—	7	68	70
12. ditto Breast	—	55	55	—	—	—	5	29	21
13. ditto Uterus	—	20	20	—	—	—	3	15	2
14. Other Malignant and Lymphatic Neoplasms	173	100	273	1	2	2	30	102	136
15. Leukaemia, Aleukaemia	7	10	17	—	—	2	1	5	9
16. Diabetes	11	20	31	—	—	—	2	8	21
17. Vascular Lesions of Nervous System	167	181	348	—	—	1	12	70	265
18. Coronary Disease, Angina	441	269	710	—	—	—	35	226	449
19. Hypertension with Heart Disease	30	14	44	—	—	—	1	5	38
20. Other Heart Disease ..	125	166	291	—	—	1	13	53	224
21. Other Circulatory Disease	52	43	95	—	1	—	1	29	64
22. Influenza	1	1	2	—	—	—	—	—	2
23. Pneumonia	70	64	134	34	5	—	3	13	79
24. Bronchitis	123	64	187	—	4	—	1	42	140
25. Other diseases of Respiratory System	24	5	29	—	—	—	2	9	18
26. Ulcer of Stomach and Duodenum	19	2	21	—	—	—	1	5	15
27. Gastritis, Enteritis and Diarrhoea..	—	6	6	2	1	—	—	—	3
28. Nephritis and Nephrosis ..	12	7	19	—	—	1	5	6	7
29. Hyperplasia of Prostate ..	9	—	9	—	—	—	—	1	8
30. Pregnancy, Childbirth, Abortion	—	3	3	—	—	—	3	—	—
31. Congenital Malformation	20	11	31	19	—	7	—	—	1
32. Other Defined and Ill-Defined Diseases ..	132	122	254	91	8	1	27	36	91
33. Motor Vehicle Accidents	53	18	71	—	3	3	27	19	19
34. All Other Accidents ..	30	26	56	1	2	3	15	15	20
35. Suicide	15	9	24	—	—	—	5	16	3
36. Homicide and Operations of War	00	3	3	00	00	00	3	00	00
TOTALS	1696	1283	2979	148	28	19	214	813	1757

VITAL STATISTICS OF CITY FROM 1936 to 1965 INCLUSIVE

Year	Population estimated to middle of each year	Live Births			Total Deaths Registered in the City		Transferable Deaths		Nett Deaths belonging to the City			
			Nett						Under 1 Year of Age		At all Ages	
		Uncorrected Number	Number	Rate per 1,000 population	Number	Rate per 1,000 population	of Non-residents registered in the City	of Residents not registered in the City	Number	Rate per 1,000 Nett Births	Number	Rate per 1,000 population
1936	192,360	3,009	2,912	15·1	1,960	10·1	100	101	151	51·8	1,961	10·1
1937	206,500	3,306	3,254	15·7	2,154	10·4	126	128	158	48·5	2,156	10·4
1938	219,900	3,724	3,624	16·5	2,074	9·4	139	156	208	56·0	2,091	9·5
1939	234,000	4,155	4,155	17·7	2,179	9·3	100	129	227	54·6	2,208	9·4
1940	229,400	3,973	3,973	16·4	3,157	13·0	238	298	248	63·0	3,217	13·3
1941	193,070	3,301	3,301	17·1	2,097	10·1	142	670	156	54·8	2,483	12·8
1942	207,200	3,996	3,996	19·3	1,617	8·0	59	577	249	62·3	2,076	10·2
1943	214,870	4,889	4,889	21·2	1,683	7·3	57	593	244	49·9	2,219	9·6
1944	220,400	5,466	5,466	22·8	1,664	6·9	81	583	265	48·4	2,166	9·0
1945	221,970	4,949	4,949	22·2	1,847	8·3	68	569	338	68·2	2,348	10·5
1946	232,850	4,326	5,225	22·4	1,856	7·9	69	562	284	54·3	2,349	10·0
1947	242,860	4,787	5,643	23·2	2,051	8·4	126	503	255	45·1	2,428	9·9
1948	250,400	4,249	5,101	20·3	1,803	7·2	65	489	232	45·5	2,227	8·8
1949	254,900	3,931	4,743	18·6	1,862	7·3	71	552	187	39·4	2,414	9·4
1950	256,800	3,596	4,450	17·3	1,864	7·3	113	569	145	32·6	2,433	9·4
1951	258,100	3,576	4,326	16·7	2,176	8·4	99	608	154	35·6	2,685	10·4
1952	261,000	3,389	4,159	15·9	1,836	7·0	94	605	132	31·7	2,347	8·9
1953	263,000	3,524	4,250	16·1	1,952	7·4	88	373	142	33·4	2,237	8·5
1954	264,600	3,465	4,171	15·76	1,938	7·3	100	336	127	30·4	2,174	8·2
1955	267,300	3,576	4,300	16·09	2,133	8·0	123	314	120	27·9	2,324	8·7
1956	272,600	3,876	4,640	17·02	2,131	7·8	118	241	124	26·7	2,254	8·3
1957	277,300	4,099	4,925	17·76	2,016	7·3	116	320	141	28·6	2,220	8·0
1958	281,000	4,395	5,164	18·38	2,027	7·2	118	577	156	30·2	2,486	8·8
1959	285,700	4,640	5,433	19·02	2,153	7·5	147	517	143	26·3	2,523	8·8
1960	291,000	5,066	5,998	20·61	2,287	7·9	137	518	163	27·2	2,668	9·16
1961	305,780	5,086	6,269	20·5	2,447	8·0	137	506	147	23·4	2,816	9·2
1962	310,640	4,947	6,504	20·94	2,541	8·4	149	556	160	24·6	2,949	9·49
1963	313,900	5,009	6,594	21·01	2,388	7·7	164	595	134	20·3	2,940	9·37
1964	315,670	4,870	6,362	20·1	2,469	7·5	153	513	134	20·5	2,829	8·9
1965	327,120	4,978	6,623	20·25	2,541	7·9	146	586	148	22·3	2,979	9·1

Table of Comparative Vital Statistics over a period of ten years for Coventry and England and Wales.

Year	Birth Rate		Death Rate		Infantile Mortality Rate	
	Coventry	England and Wales	Coventry	England and Wales	Coventry	England and Wales
1955	16·09	15·0	8·7	11·7	27·9	24·9
1956	17·02	15·6	8·3	11·7	26·7	23·7
1957	17·76	16·1	8·0	11·5	28·6	23·1
1958	18·38	16·4	8·8	11·7	30·2	22·6
1959	19·02	16·5	8·8	11·6	26·3	22·2
1960	20·61	17·1	9·16	11·5	27·29	21·9
1961	20·5	17·4	9·2	12·0	23·4	21·6
1962	20·94	18·0	9·49	11·9	24·6	21·6
1963	21·01	18·2	9·37	12·2	20·3	20·9
1964	20·1	18·4	8·9	11·3	20·5	20·0
1965	20·25	18·0	9·1	11·5	22.3	19·0

INFANT MORTALITY, 1965

Cause of Death	Under Four weeks	Under One Year	Total
Meningococcal Infections	—	—	—
Other Malignant & Lymphatic Neoplasms	1	—	1
Other Infective & Parasitic Diseases ..	—	—	—
Vascular Lesions of Nervous System ..	—	—	—
Pneumonia	6	28	34
Other diseases of Respiratory System ..	—	—	—
Gastritis, Enteritis & Diarrhoea ..	2	—	2
Nephritis & Nephrosis	—	—	—
Congenital Malformations	15	4	19
Other defined & ill defined diseases ..	87	4	91
All other Accidents	1	—	1
Totals	110	38	148

Year	Houses Inhabited (December)	Vacant	Population (Mid-year)	Mortality	Infectious Mortality	Deaths under one year per 1000 born	Birth Rate
1801	2,930	—	16,034	—	—	—	—
1811	3,448	*60	17,923	—	—	—	—
1821	3,729	*114	21,448	—	—	—	—
1831	5,444	*421	27,298	—	—	—	—
1841	6,531	*590	31,032	—	—	—	—
				Ten Years' Average			
1851	7,783	*151	36,812	27	—	—	—
1861	8,991	*1,026	40,936	25	—	—	—
1871	8,535	*816	37,670	22	—	—	—
1881	9,239	*643	42,111	20	3·3	150	35·4
1891	11,465	*284	52,724	18·5	1·7	142	32·0
1901	15,571	353	69,978	16·96	1·9	153·7	29·8
1911	23,515	95	106,349	13·7	1·4	109·3	28·0
1921	28,355	502¶	128,157	11·3	0·7	83·6	23·2
1931	41,275	917¶	167,083	10·1	0·2	67·7	15·7
1951	—	—	258,211	10·7	0·17	52·4	18·0
1911	23,515	95	107,287	13·3	2·08	109·8	26·9
1912	24,590	50	111,166	11·9	1·35	76·1	26·4
1913	25,051	113	115,064	11·4	0·84	91·6	26·0
1914	25,860	99	119,003	11·7	0·70	84·6	26·9
1915	26,667	56	122,982	12·9	1·39	87·8	23·8
1916	27,366	12	127,089	10·9	1·23	87·5	23·5
1917	27,531	15	130,000	10·4	0·47	78·5	20·2
1918	27,735	25	133,000	14·6	0·42	92·5	20·7
1919	27,829	20	136,000	9·3	0·32	82·8	18·2
1920	27,973	48	130,000	9·8	0·35	76·0	25·0
1921	28,355	502¶	128,157	10·2	0·25	79·3	22·1
1922	28,661	72	129,000	10·6	0·34	70·4	18·9
1923	29,414	40	130,500	9·3	0·20	64·9	16·9
1924	29,685	90	132,000	9·6	0·19	79·4	16·0
1925	30,199	83	133,500	10·6	0·30	77·1	16·3
1926	31,034	111	135,000	9·7	0·15	68·9	15·7
1927	32,260	151	139,000	10·2	0·23	63·4	14·8
1928	38,474	175	161,600°	9·6	0·34	65·7	14·4
1929	39,374	750	163,700	12·1	0·63	73·1	14·8
1930	40,519	800	165,800	10·1	0·32	57·0	14·5
1931	41,275	917	168,900	10·0	0·10	57·7	14·8
1932	45,781	1,000	182,000°	9·4	0·33	69·7	13·5
1933	47,175	1,000	184,500	9·9	0·21	64·5	13·4
1934	48,730	1,500	184,900	10·0	0·17	57·1	13·6
1935	50,622	1,854	190,000	9·7	0·16	46·5	14·4
1936	54,273	1,361	192,360	10·1	0·20	51·8	15·1
1937	57,888	1,606	206,500	10·4	0·18	48·5	15·7
1938	61,580	1,316	229,900	9·5	0·13	56·0	16·5
1939	—	—	—	9·4	—	54·6	17·7
1940	—	—	229,400	13·3	0·11	63·0	16·4
1941	—	—	193,070	12·8	0·21	54·8	17·1
1942	—	—	207,200	10·2	0·07	62·3	19·3
1943	—	—	214,870	9·6	0·23	49·9	21·2
1944	65,926	—	220,400	9·0	0·24	48·4	24·8
1945	—	—	221,970	10·5	0·30	68·2	22·2
1946	—	—	232,850	10·0	0·32	54·3	22·4
1947	68,900	—	242,860	9·9	0·18	45·1	23·2
1948	69,950	—	250,400	8·8	0·10	45·5	20·3
1949	70,550	—	254,900	9·4	0·11	39·4	18·6
1950	71,720	—	256,800	9·4	0·06	32·6	17·3
1951	72,497	—	258,100	10·4	0·03	35·6	16·7
1952	73,828	265	261,000	8·9	0·05	31·7	15·9
1953	76,150	157	263,000	8·5	0·04	33·4	16·1
1954	76,458	95	264,600	8·2	0·015	30·4	15·76
1955	79,369	400	267,300	8·7	0·026	27·9	16·09
1956	82,089	500	272,600	8·3	0·007	26·7	17·02
1957	84,000	750	277,300	8·00	0·032	28·6	17·76
1958	86,400	800	281,000	8·8	0·014	30·2	18·38
1959	88,800	800	285,700	8·83	—	26·3	19·02
1960	90,000	800	291,000	9·16	0·02	27·29	20·61
1961	92,000	800	305,780	9·2	0·009	23·4	20·5
1962	93,000	800	310,640	9·49	0·003	24·6	20·94
1963	94,000	800	313,900	9·37	0·003	20·3	21·01
1964	95,800	800	315,670	8·9	0·003	20·5	20·1
1965	100,400	800	327,120	9·1	0·003	22·3	20·25

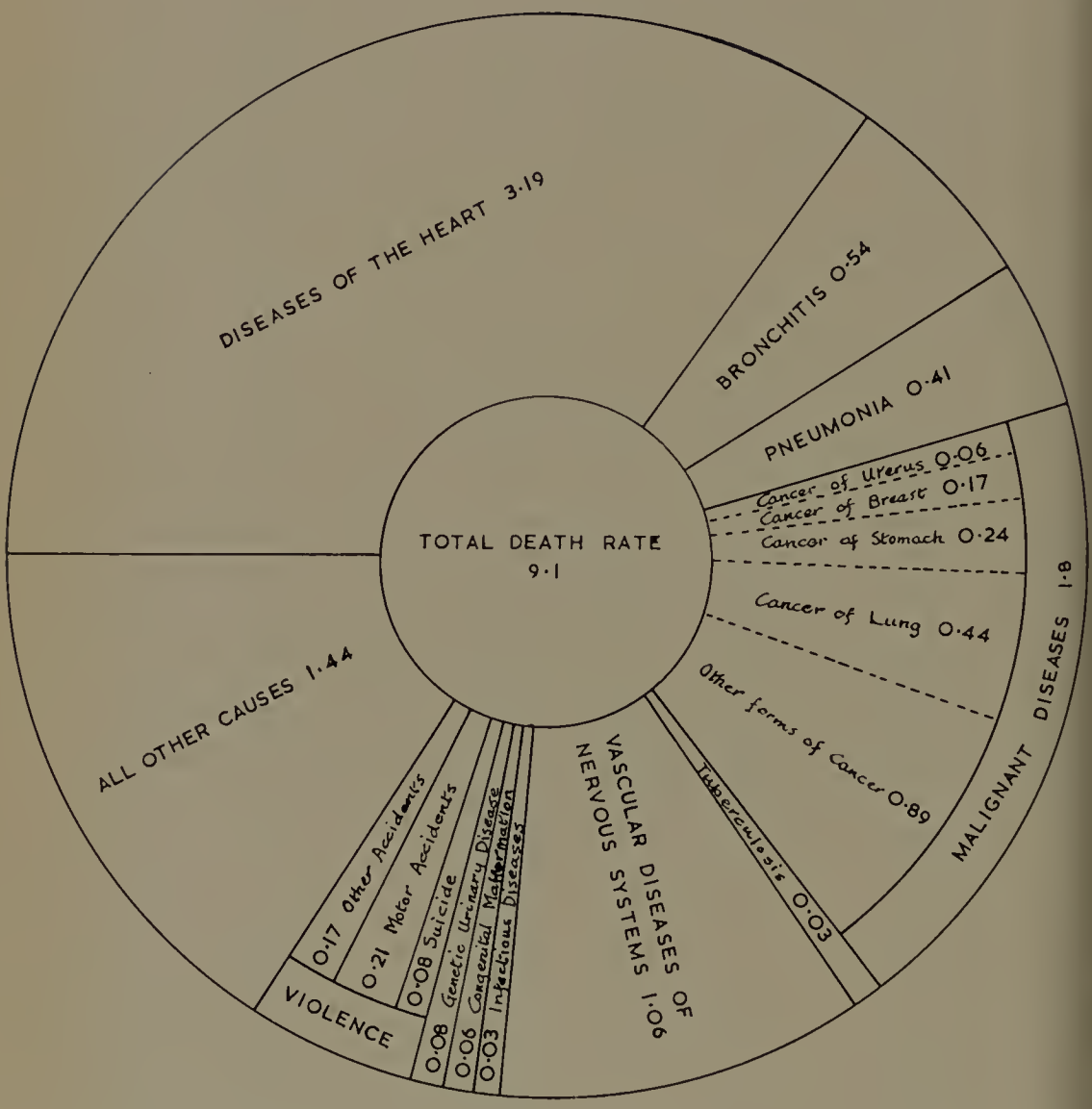
*This number includes all business offices, whether in dwelling houses or factories not occupied on the night the Census was taken.
†This number omits all business offices, factories, etc.
¶The Census returns show unoccupied "dwellings"—not houses.
°In these years an extension of the City Boundaries took place.

VENEREAL DISEASES

Return Relating to Cases Treated at the Coventry and Warwickshire Hospital, 1965

New cases of infections	Totals	Male	Females
1. Syphilus:-			
(i) Primary	4	3	1
(ii) Secondary	1	1	—
(iii) Latent in first year of Infection	—		—
(iv) Cardio-vascular	1	1	—
(v) Of the nervous system	2	2	—
(vi) All other late and latent stages	15	13	2
(vii) Congenital (under 1 year)	—	—	—
(viii) Congenital (over 1 year)	1	—	1
Total of Lines included in 1	24	20	4
2. Gonorrhoea	292	208	84
3.			
(i) Chancroid	—	—	—
(ii) Lymphogranuloma Venereum (Syn. Lymphogranuloma Inguinale)	4	1	—
(iii) Granuloma Inguinale (Syn. Granuloma Venereum)	—	—	—
(iv) Non-Gonococcal Urethritis	220	220	—
(v) Non-Gonococcal Urethritis with Arthritis	1	1	—
(vi) Late or Latent Treponematoses presumed to be non-Syphilitic	11	8	3
(vii) Other conditions requiring treatment within the centre	368	161	207
(viii) Conditions requiring no treatment within the centre	377	228	89
(ix) Undiagnosed Conditions		—	
Total of Lines included in 3	978	679	299
Grand Totals (1, 2 and 3)	1,294	907	387

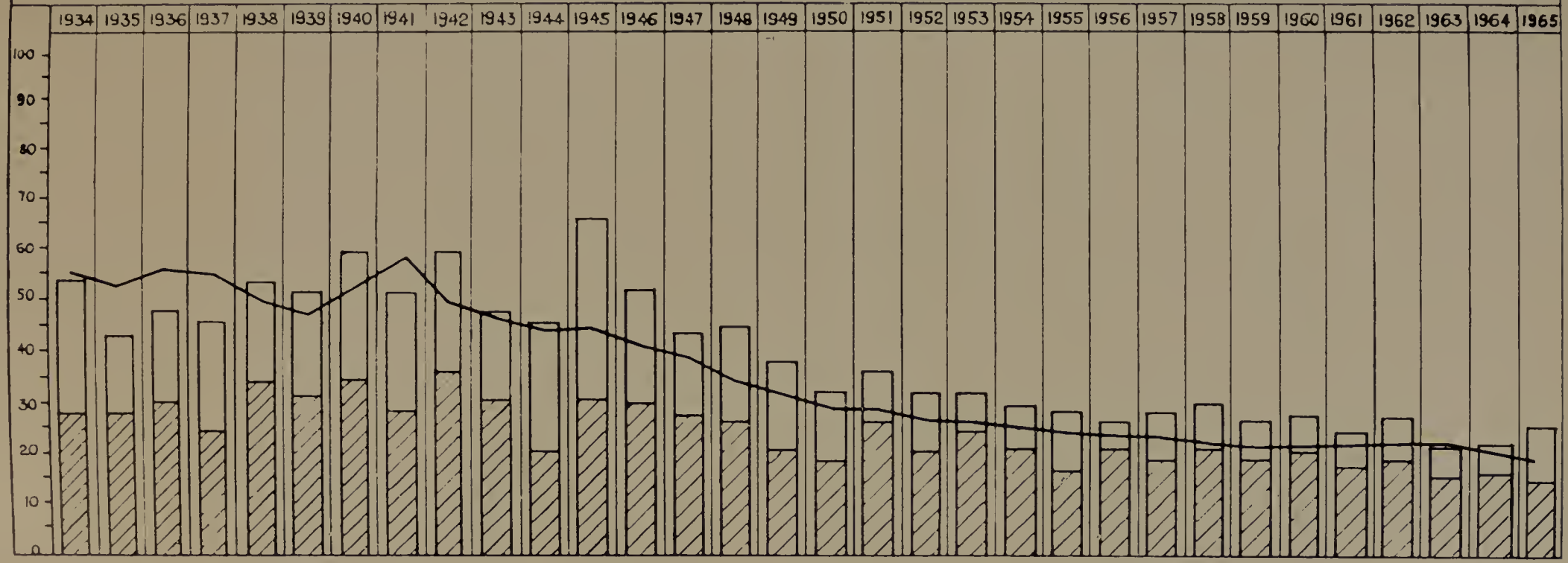
PRINCIPAL CAUSES OF DEATH
PROPORTION TO TOTAL CAUSES
1965



TOTAL NUMBER OF DEATHS 2979

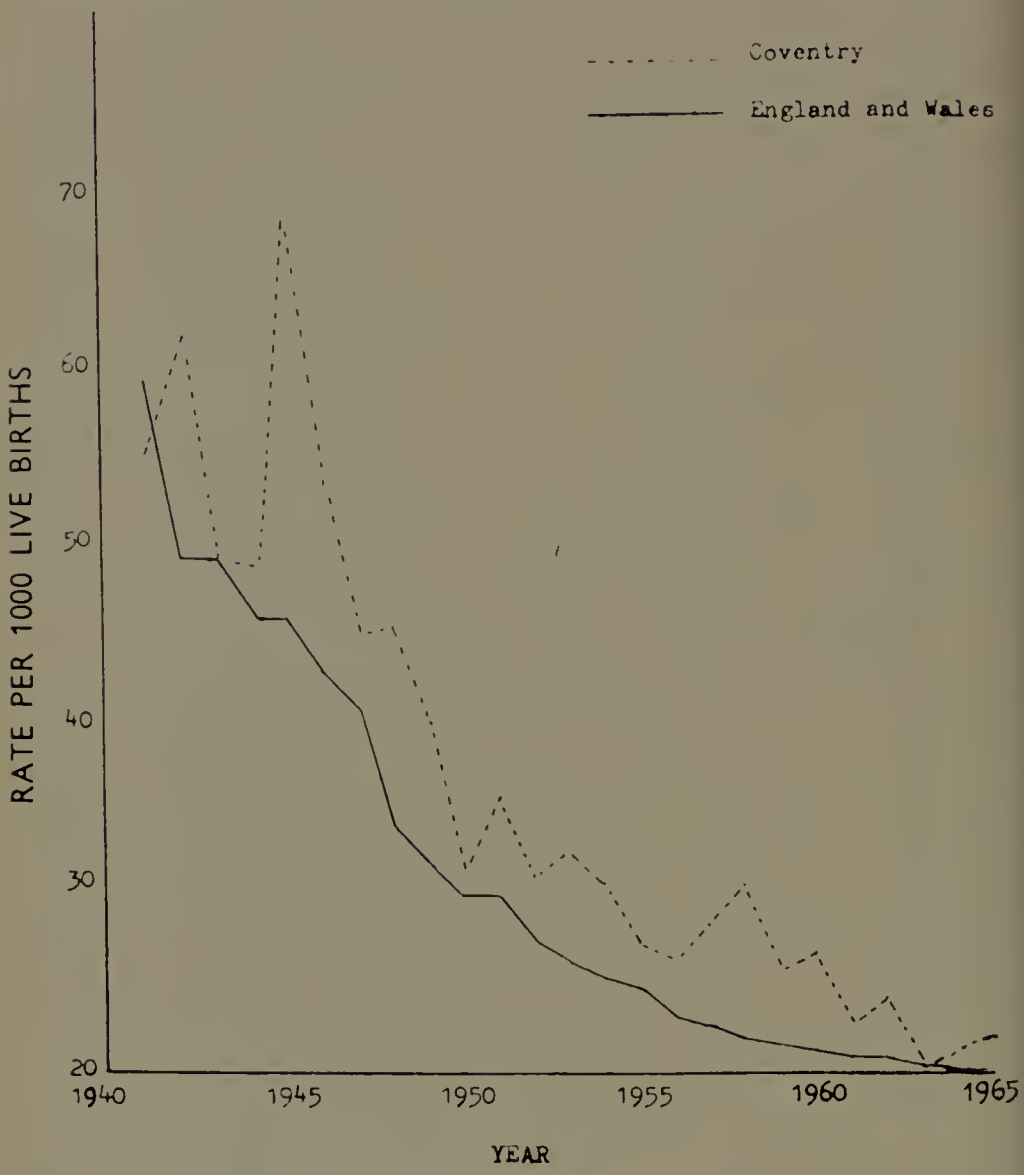
TOTAL DEATH RATE FROM ALL CAUSES 9·1

CHART SHOWING INFANT MORTALITY PER 1,000 BIRTHS IN COVENTRY



THE INFANT DEATH RATE PER 1,000 BIRTHS IS REPRESENTED BY THE CHIMNEYS, THE SHADED PORTION OF WHICH REPRESENTS THE DEATH RATE AMONGST BABIES UNDER FOUR WEEKS OF AGE. (I.E. THE NEONATAL DEATH RATE.)
THE INFANT DEATH RATE FOR ENGLAND AND WALES IS REPRESENTED BY THE LINE.

INFANTILE MORTALITY—DEATHS PER 1000 LIVE BIRTHS



RAINFALL

Total Rainfall Recorded in Inches from 1895—1954

	Average for 10 years	Highest	Lowest
1895 — 1904	24·41	32·75 in 1903	19·87 in 1898
1905 — 1914	26·47	37·02 in 1912	21·35 in 1905
1915 — 1924	27·25	31·96 in 1924	17·44 in 1921
1925 — 1934	26·95	33·09 in 1927	20·96 in 1934
1935 — 1944	25·67	32·81 in 1939	20·28 in 1943
1945 — 1954	25·69	32·49 in 1951	20·59 in 1947

TOTAL FOR THE PAST 10 YEARS			
1956	23·60	1961	23·45
1957	25·06	1962	19·57
1958	31·56	1963	22·00
1959	20·67	1964	19·37
1960	34·34	1965	28·42

Tuberculosis — Ten Year Summary

Year		Cases on Register		Cases Notified (or brought to notice)		Deaths			
						Pulmonary		Non-Pulmona	
		Pulmonary	Non-Pulmonary	Pulmonary	Non-Pulmonary	No.	Rate	No.	Rate
1956	M.	1676	164	247	21	29	0·14	4	0·018
	F.	1204	181	171	30	9		1	
1957	M.	1719	171	222	28	20	0·11	2	0·007
	F.	1212	184	129	20	10		0	
1958	M.	1680	166	187	17	21	0·10	1	0·004
	F.	1208	172	132	11	6		0	
1959	M.	1689	168	161	16	14	0·09	1	0·007
	F.	1188	174	88	21	10		1	
1960	M.	1681	169	172	16	35	0·17	3	0·010
	F.	1165	175	98	27	15		0	
1961	M.	1508	149	99	11	48	0·18	2	0·013
	F.	1028	165	48	13	9		2	
1962	M.	1405	137	99	6	38	0·15	0	0·003
	F.	915	160	36	19	9		1	
1963	M.	1309	133	101	14	38	0·16	0	0·016
	F.	817	153	44	17	12		5	
1964	M.	1225	137	77	20	46	0·19	1	0·003
	F.	752	153	35	16	14		—	
1965	M.	1195	141	123	24	20	0·12	1	0·009
	F.	707	144	67	13	10		2	

SUMMARY OF INFECTIOUS DISEASES NOTIFIED YEAR ENDED December, 1963

Disease	No. notified	No. admitted to hospital	Age Groups									Area of Occurrence																	
			0—1	1—2	3—4	5—9	10—14	15—24	25—44	45—64	65+	Bablake	Binley and Willenhall	Cheylesmore	Earlsdon	Foleshill	Godiva	Henley	Holbrook	Longford	Lower Stoke	Radford	St. Michael's	Sherbourne	Upper Stoke	Westwood	Whoberley	Woodlands	Wyken
Measles ..	3847		209	1176	1186	1236	22	13	5			146	562	256	118	184	89	176	261	355	111	146	206	122	162	141	357	242	213
Scarlet Fever ..	217		1	22	51	114	23	3	3			1	37	1	10	5	7	3	3	18	9	4	9	18	17	13	30	12	20
Whooping Cough	115		17	31	27	36	2		2			2	7	13	8	4	1	4	1	5	5	8	7	1	2	10	19	3	15
Dysentery ..	291		16	66	72	79	14	15	24	4	1	3	3	1		14	5	57	49	39	7	8	29		43	10	3	5	15
Acute Primary Pneumonia ..	51			2	1	4		1	11	17	15	2	10	1	1	4	4	2	4	4	2	1	5	3	2	2	1	1	2
Acute Influenzal Pneumonia ..	6					1	1	2		1	1		1	2				1									2		
Puerperal Pyrexia	21							8	13					2	1	6			2	2		3	1		1	1		1	1
Ophthalmia Neonatorum ..	5		5												1	2				1									1
Erysipelas ..	24				1		1		7	10	5	4	5		2	1		1	3	1		1	1		2	2	1		
Meningococcal Infection ..	9		5	2	1		1								1	2			1	2			1	1		1			
Pulmonary Tuberculosis ..	109				1	4	10	17	36	29	12	4	11	2	5	14	10	4	5	6	6	7	15	2	7	5	2	2	2
Non Pulmonary Tuberculosis ..	29					1		5	20	2	1		2			6	5	1	2	1	1	2	2	1	2	2	1	1	

METEOROLOGICAL OBSERVATIONS MADE AT THE MEMORIAL PARK, COVENTRY, 1965

Lat. 50° 23″ 26′ N. Long 1° 31″ 4′ W. Height of rim of rain gauge above Main Sea Level, 338 ft.
The cistern of the barometer is situated 301.75 feet above sea level.

1965	Barometer Ins.	Air Temperature °F								Hygrometer °F				Earth °F Temp.		Hours Bright Sunshine		Cl'd	Inches Rain and other Forms of Precipitation					Weather Number of days of								Wind Force (0—8)		Wind Directions No. of daily observations each month							
		Mean of				Absolute Minimum and Maximum				Mean of Observations at 9 a.m.								Mean of Obs'vations at 9 a.m. (Scale 0.8)	Number of Days	Total Fall	Percentage of Average	Most in a day		Snow or Sleet	Snow lying	Hail	Thunder heard	Fog. (9h. G.M.T.)	Air Frost	Ground Frost	Gale	Number of Observations Force 4+	Calm of Light Wind	N.	N.E.	E.	S.E.	S.	S.W.	W.	N.W.
		Maximum A	Minimum B	Mean of A and B	Difference from Average	Maximum	Day of Month	Minimum	Day of Month	Dry Bulb	Depression of Wet Bulb	Vapour Pressure	Humidity	At 1 foot depth	At 4 feet depth	Daily Mean	Percentage of Average					Amount	Day of Month																				
JAN.	29·462	42·8	32·9	37·8	—10·1	51	10, 11	24	5	36·9	33·6	6·6	86	38	41·9	1·11		4	17	2·276		·66	9	—	—	—	—	—	—	—	—	6	25	—	5	—	—	—	20	4	2
FEB.	30·151	42·6	36·1	39·3	—8·6	49	12	22	3	38·1	36·1	6·4	78	38·3	41·7	·68		5·9	9	0·300		0·075	25	—	—	—	—	—	—	—	—	3	25	3	13	—	—	—	2	—	10
MAR.	29·724	48·8	33·1	40·9	—7·0	61	29	15	3	40·4	39·5	7·9	88	39·4	41·3	4·08		5	16	2·427		·69	25	4	5	—	—	1	—	—	—	4	27	—	4	—	16	—	4	—	7
APRIL	29·684	53·3	39·0	46·1	—1·8	59	30	30	2	46·6	39·3	8·6	80	46·1	44·8	3·66		6	18	1·907		·35	9	—	—	—	—	—	—	—	—	8	22	—	5	—	4	—	10	4	7
MAY	29·659	61·3	45·6	53·9	+6·0	80	14	33	19	53·4	49·6	10·5	76	52·3	48·3	4·2		5·8	18	1·836		·3	17	—	—	—	—	—	—	—	—	7	24	2	1	—	6	2	13	—	7
JUNE	29·673	66·0	50·5	58·2	+10·3	73	30	38	1	57·0	55	13·2	77·6	58·3	52·9	4·9		4	18	2·282		·57	21	—	—	—	—	—	—	—	—	10	20	—	1	—	4	1	21	1	2
JULY	29·650	63·2	50·3	56·7	+8·8	71	19	41	4	55·7	53·9	12·6	78·7	59·3	54·7	3·2		6·7	19	3·219		·59	13	—	—	—	—	—	—	—	—	7	24	—	2	—	3	—	13	4	9
AUG.	29·664	66·7	49·1	57·9	+10·0	76	12, 13	45	22	59·2	56	13·9	82·2	60·5	56·5	5·2		4·8	11	1·490		·23	24, 26	—	—	—	—	1	—	—	—	5	26	—	3	—	6	—	12	1	9
SEPT.	29·522	60·9	47·4	54·1	+6·2	68	22	39	20	54·1	52·3	12·3	86	56·8	53·5	3·4		5·8	16	4·580		1·72	8	—	—	—	—	—	—	—	—	6	24	1	2	1	2	1	17	1	5
OCT.	29·851	58·7	43·6	51·1	+3·8	71	4, 5	31	18	50·1	49·8	11·2	90	52·8	53·7	3·0		5·8	7	0·530		·22	31	—	—	—	—	6	—	—	—	6	25	2	7	4	5	—	8	2	3
NOV.	29·580	44·6	35·3	39·9	—8·0	57	1	25	16	40·1	38·7	7·5	86·6	44·9	49·5	1·6		5·2	14	2·480		·54	28	—	—	—	—	—	—	—	—	6	24	3	12	—	4	2	3	3	3
DEC.	29·330	45·0	33·9	39·4	—8·5	55	17	19·5	29	41·6	37·6	7·5	90	40·2	44·6	—		5·3	23	5·135		·79	22	—	—	—	—	1	—	—	—	3	28	3	—	—	—	—	21	1	6
YEAR	29·662	54·4	40·5	47·9		64		31·0		47·7	45·1	10·0	83·3	48·9	48·6	3·18		5·3	186	28·462				4	5			13				71	292	14	55	5	50	6	144	21	70

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